

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**SURVEY OF INCOME
AND
PROGRAM
PARTICIPATION**

INFORMATIONAL BOOKLET

1984 PANEL

WAVES 1—9

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1 REGIONAL OFFICE CODE

2 CONTROL NUMBER

3 ADDRESS

4 SEGMENT TYPE

5 INTERVIEWER CODE

6a EXTRA UNIT SERIAL NUMBER

7 WAVE FOR WHICH CONTROL CARD FIRST PREPARED

8 SIPP-4001

9 FORM OF COMMERCE BUREAU OF THE CENSUS

10 HOUSEHOLD RECORD (Card of)

11 CONTROL CARD

12 SURVEY OF INCOME AND PROGRAM PARTICIPATION

13 NOTICE

14

17 ENTRY ADDRESS I.D.

18 PERSON NUMBER

19a FIRST INTERVIEW AT ORIGINAL ADDRESS

19b RELATIONSHIP TO REFERENCE PERSON (RP)

20 HOUSEHOLD MEMBER

21 HOUSEHOLD ROSTER COVERAGE

22 FIRST INTERVIEW

23 DATE ENTERED OR LEFT

24 BIRTH DATE/AGE

25 PERSON NUMBER OF PARENT

26a MARITAL STATUS

26b DESIGNATED PERSON OR GUARDIAN

27 SEX

28 RACE

29 ORIGIN

30 EDUCATION

31a HIGHEST GRADE OR YEAR OF REGULAR SCHOOL

31b DID ... EVER ...

32a ARMED FORCES

32b WHEN DID ... SERVE?

32c IS ... NOW IN THE ARMED FORCES?

33a SOCIAL SECURITY

33b SOCIAL SECURITY FOR RETIREMENT

33c SOCIAL SECURITY FOR RETIREMENT

21a I have listed ... names from item 19a, have I missed ...?

21b I have listed ... names from item 19a, as now living at this address, is this correct?

21c When did ... move in here?

21d Is there anyone else living or staying here now?

21e Which of these persons (own/rents) is this home?

22a INTERVIEWER CHECK ITEM

22b Do all persons in this household live OR eat together?

22c Do any other household members live OR eat with this household?

22d I have listed ... names from item 19a, as now living at this address, is this correct?

22e When did ... move in here?

22f Is there anyone else living or staying here now?

22g Which of these persons (own/rents) is this home?

1. REGIONAL OFFICE CODE

2. CONTROL NUMBER

3. ADDRESS

4. SEGMENT TYPE

5. INTERVIEWER CODE

6a. EXTRA UNIT SERIAL NUMBER

7. WAVE FOR WHICH CONTROL CARD FIRST PREPARED

8. SIPP-4001

9. FORM OF COMMERCE BUREAU OF THE CENSUS

10. HOUSEHOLD RECORD (Card of)

11. CONTROL CARD

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14.

17. ENTRY ADDRESS I.D.

18. PERSON NUMBER

19a. FIRST INTERVIEW AT ORIGINAL ADDRESS

19b. RELATIONSHIP TO REFERENCE PERSON (RP)

20. HOUSEHOLD MEMBER

21. HOUSEHOLD ROSTER COVERAGE

22. FIRST INTERVIEW

23. DATE ENTERED OR LEFT

24. BIRTH DATE/AGE

25. PERSON NUMBER OF PARENT

26a. MARITAL STATUS

26b. DESIGNATED PERSON OR GUARDIAN

27. SEX

28. RACE

29. ORIGIN

30. EDUCATION

31a. HIGHEST GRADE OR YEAR OF REGULAR SCHOOL

31b. DID ... EVER ...

32a. ARMED FORCES

32b. WHEN DID ... SERVE?

32c. IS ... NOW IN THE ARMED FORCES?

33a. SOCIAL SECURITY

33b. SOCIAL SECURITY FOR RETIREMENT

33c. SOCIAL SECURITY FOR RETIREMENT

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22a. INTERVIEWER CHECK ITEM

22b. Do all persons in this household live OR eat together?

22c. Do any other household members live OR eat with this household?

22d. I have listed ... names from item 19a, as now living at this address, is this correct?

22e. When did ... move in here?

22f. Is there anyone else living or staying here now?

22g. Which of these persons (own/rents) is this home?

8 ADDRESS (Sheet 1) Line _____		9 YEAR BUILT <input type="checkbox"/> Ask first visit <input type="checkbox"/> DO NOT ASK		10 COVERAGE QUESTIONS <input type="checkbox"/> Ask items marked <input type="checkbox"/> DO NOT ASK		11 GEOGRAPHIC LOCATION ASK IF NOT APPARENT - Is (the) address within the limits of a city, town, or village? <input type="checkbox"/> Yes - What is the name? _____ <input type="checkbox"/> No - Not within the limits of a city, town, or village		INTRODUCTION INITIAL VISIT - Hello, I am (Interviewer's name) from the United States Bureau of the Census. Here is my identification card. We are conducting a survey on the economic situation of people who live in the United States. I have some questions to ask you. Did you receive our letter? RETURN VISIT - Hello, I am (Interviewer's name) from the United States Bureau of the Census. Here is my identification card. Several months ago this household was contacted concerning a survey on the economic situation of people who live in the United States. I have some further questions to ask on this subject. Did you receive our letter? GO TO ITEM 211 on page 2.			
8a What is your exact address? House number, street, Apt. number, or other identification		8b Is this also your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No - Specify below _____		10a Are there any occupied or vacant living quarters besides your own in this building? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No		11a Are there any occupied or vacant living quarters besides your own on this floor? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No		12a Follow instructions for box that is marked: 1 URBAN - Skip to item 13 2 RURAL - Reg. units and SP, PL units coded 85-88 in B6 - Ask item 12b SP, PL units not coded 85-88 in B6 - Mark "No" in item 12b without asking, then go to item 13		12b During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8c Special place name		8d Type code		8e Sample number		12c Are there any other buildings on this property for people to live in other than occupied or vacant? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No		12d Are there any other buildings on this property for people to live in other than occupied or vacant? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No		12e Are there any other buildings on this property for people to live in other than occupied or vacant? <input type="checkbox"/> Yes - Fill Table X <input type="checkbox"/> No	
13 CLASSIFICATION OF LIVING QUARTERS - Mark by observation		13a INTERVIEWER CHECK ITEM		13c Complete kitchen facilities <input type="checkbox"/> For this unit only - Go to item 13d <input type="checkbox"/> Also used by another household - combine with unit through which access is gained. <input type="checkbox"/> Not in a Special Place		13d HOUSING unit 1 House, apartment, flat 2 HU, in nontransient hotel, motel, etc. 3 HU, permanent in transient hotel, motel, etc. 4 HU, in rooming house 5 Mobile home or trailer with NO permanent room added 6 Mobile home or trailer with one or more permanent rooms added 7 HU not specified above - Describe in notes		13e OTHER unit 8 Quarters not HU in rooming or boarding house 9 Unit not permanent in transient hotel, motel, etc. 10 Unoccupied tent site or trailer site 11 OTHER unit not specified above - Describe in notes		14 UNITS IN STRUCTURE ASK IF NOT APPARENT - How many housing units, both occupied and vacant, are there in this structure? 1 Only OTHER units 2 Mobile home or trailer 3 One, detached 4 One, attached 5 Two 6 3-4 7 5-9 8 10-19 9 20-49 10 50 or more	
13b Access 1 Direct - Go to item 13d 2 Through another unit		13f Access 1 Direct - Go to item 13d 2 Through another unit		13g Access 1 Direct - Go to item 13d 2 Through another unit		13h Access 1 Direct - Go to item 13d 2 Through another unit		13i Access 1 Direct - Go to item 13d 2 Through another unit		13j Access 1 Direct - Go to item 13d 2 Through another unit	
36 HOUSEHOLD FINAL INTERVIEW STATUS - Complete after interview		37 CHARACTERISTICS OF TYPE A HOUSEHOLD		38 RECORD OF VISITS, CONTROL CARD RESPONDENT PERSON		39 FUTURE CONTACTS - Wave 1: Read Flashcard T and fill 39a-c. Verify and update for waves 2-9		39a What is your telephone number?		39b What is the best time to call or visit?	
36a Wave Code (a) (b) (c)		37a Verify for each wave assigned. Rate of reference person - Enter code from flashcard		38a Wave (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		39a (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		39b (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		39c (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)	
36b Unit in household		37b Sex of reference person 1 Male 2 Female		38b Personal visits Tally (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		39a Personal visits Tally (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		39b Personal visits Tally (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		39c Personal visits Tally (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)	
36c Size of household - Count all children and adults		37c Size of household - Count all children and adults		38c Size of household - Count all children and adults		39a Size of household - Count all children and adults		39b Size of household - Count all children and adults		39c Size of household - Count all children and adults	
36d Future contacts - Wave 1: Read Flashcard T and fill 39a-c. Verify and update for waves 2-9		37d Future contacts - Wave 1: Read Flashcard T and fill 39a-c. Verify and update for waves 2-9		38d Future contacts - Wave 1: Read Flashcard T and fill 39a-c. Verify and update for waves 2-9		39a Future contacts - Wave 1: Read Flashcard T and fill 39a-c. Verify and update for waves 2-9		39b Future contacts - Wave 1: Read Flashcard T and fill 39a-c. Verify and update for waves 2-9		39c Future contacts - Wave 1: Read Flashcard T and fill 39a-c. Verify and update for waves 2-9	
36e What is your telephone number?		37e What is the best time to call or visit?		38e What is the best time to call or visit?		39a What is the best time to call or visit?		39b What is the best time to call or visit?		39c What is the best time to call or visit?	
36f Please give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you?		37f Please give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you?		38f Please give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you?		39a Please give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you?		39b Please give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you?		39c Please give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you?	
36g Name		37g Relationship		38g Relationship		39a Relationship		39b Relationship		39c Relationship	
36h Address (No., St., Apt. No., City, State, ZIP code)		37h Telephone number (include area code)		38h Telephone number (include area code)		39a Telephone number (include area code)		39b Telephone number (include area code)		39c Telephone number (include area code)	
36i Address (No., St., Apt. No., City, State, ZIP code)		37i Telephone number (include area code)		38i Telephone number (include area code)		39a Telephone number (include area code)		39b Telephone number (include area code)		39c Telephone number (include area code)	
36j Address (No., St., Apt. No., City, State, ZIP code)		37j Telephone number (include area code)		38j Telephone number (include area code)		39a Telephone number (include area code)		39b Telephone number (include area code)		39c Telephone number (include area code)	
36k Address (No., St., Apt. No., City, State, ZIP code)		37k Telephone number (include area code)		38k Telephone number (include area code)		39a Telephone number (include area code)		39b Telephone number (include area code)		39c Telephone number (include area code)	
36l Address (No., St., Apt. No., City, State, ZIP code)		37l Telephone number (include area code)		38l Telephone number (include area code)		39a Telephone number (include area code)		39b Telephone number (include area code)		39c Telephone number (include area code)	
36m Address (No., St., Apt. No., City, State, ZIP code)		37m Telephone number (include area code)		38m Telephone number (include area code)		39a Telephone number (include area code)		39b Telephone number (include area code)		39c Telephone number (include area code)	

34a MOVERS

Person number(s)	Entire HH moved [] If box is marked fill 34b	New telephone number
New address — Number and street		
City	State	ZIP code
Other identification		
Wave move discovered		
Person number(s)	New telephone number	
New address — Number and street		
City	State	ZIP code
Other identification		
Wave move discovered		
Person number(s)	New telephone number	
New address — Number and street		
City	State	ZIP code
Other identification		
Wave move discovered		

PGM 4. Cont'd.

OFFICE USE ONLY	0054
34b If entire household moves, try to determine: Is the address within the limits of a city, town, or village? 1 <input type="checkbox"/> Yes ... What is the name? _____ 2 <input type="checkbox"/> No ... Not within the limits of a city, town, or village	

35 MERGED HOUSEHOLD MATCH TABLE

PREVIOUS IDENTIFICATION					
New person number	PSU (b)	Segment (c)	Serial (d)	Entry address ID (e)	Person number (f)
0056	0058	0060	0062	0064	0066
0068	0070	0072	0074	0076	0078
0080	0082	0084	0086	0088	0090
0092	0094	0096	0098	0100	0102
0104	0106	0108	0110	0112	0114
0116	0118	0120	0122	0124	0126
0128	0130	0132	0134	0136	0138
0140	0142	0144	0146	0148	0150

NOTES

CODES FOR 19b

1 — Reference Person WITH relatives in household
2 — Reference Person with NO relatives in household
3 — Husband
4 — Wife
5 — Own child (son or daughter)
6 — Parent
7 — Brother/Sister
8 — Other relative of Reference Person
9 — Non-relative of Reference Person WITH OWN relatives in household
0 — Non-relative of Reference Person with NO OWN relatives in household

TABLE X — LIVING QUARTERS DETERMINATION AT LISTED ADDRESS (WAVE 1 ONLY)

ADDRESS OF ADDITIONAL LIVING QUARTERS		LOCATION OF UNIT		Do the occupants or intended occupants of (Address in column 1) live and eat separately from all other persons on the property?		Does (Address in column 1) have direct access from the outside or through a common hall?		Does (Address in column 1) have complete kitchen facilities for that unit only?		CLASSIFICATION		AREA SEGMENTS		ADDRESS AND SPECIAL PLACE SEGMENTS		PERMIT SEGMENTS	
(1)		(2)		(3)		(4)		(5)		N Not a separate unit (include on this control card) HU Separate unit. (Do not include on this control card.) Complete the appropriate segment type column for interviewing instructions (6) OT } N Stop Table X. Continue interview with original unit HU Fill column 7, 8 or 9 as appropriate OT } N Stop Table X. Continue interview with original unit HU Fill column 7, 8 or 9 as appropriate OT }		(7)		(8)		(9)	
Sheet _____ Line _____		<input type="checkbox"/> Yes — SKIP to column 6 and mark according to Table D in Part B of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes — SKIP to column 6 and mark "HU" box <input type="checkbox"/> No — SKIP to column 6 and mark "N" box	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to column 6 and mark "N" box	<input type="checkbox"/> Yes — SKIP to column 6 and mark "HU" box <input type="checkbox"/> No	<input type="checkbox"/> Yes — Mark "HU" box in column 6 <input type="checkbox"/> No — Mark "N" box in column 6	<input type="checkbox"/> Yes — Mark "HU" box in column 6 <input type="checkbox"/> No	<input type="checkbox"/> Yes — Mark "HU" box in column 6 <input type="checkbox"/> No — Mark "N" box in column 6	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	

INTERVIEWER INSTRUCTIONS These columns are to be filled after the interview. Fill a column for each household member listed in Household Roster who is age 15 or older.

40 Person number	41 Name	Respondent indicator boxes								
C O L		W1	W2	W3	W4	W5	W6	W7	W8	W9
1										

EMPLOYMENT

Job I.D.	42 NAME OF EMPLOYER
1	
2	
3	
4	
5	
6	
Bus. I.D.	43 NAME OF BUSINESS/FARM
1	
2	
3	
4	

INTERVIEW STATUS

Line No.	44 PERSON INTERVIEW STATUS	W1	W2	W3	W4	W5	W6	W7	W8	W9
1	Noninterview - No interview obtained (code 991) Interview - No ISS codes marked (code 992)	1	2	3	4	5	6	7	8	9
2		1	2	3	4	5	6	7	8	9

INCOME

Line No.	45 INCOME SOURCES (1 - 56)	W1	W2	W3	W4	W5	W6	W7	W8	W9
1		1	2	3	4	5	6	7	8	9
2		1	2	3	4	5	6	7	8	9

INTERVIEW STATUS

Line No.	44 PERSON INTERVIEW STATUS	W1	W2	W3	W4	W5	W6	W7	W8	W9
1	Noninterview - No interview obtained (code 991) Interview - No ISS codes marked (code 992)	1	2	3	4	5	6	7	8	9
2		1	2	3	4	5	6	7	8	9

INCOME

Line No.	45 INCOME SOURCES (1 - 56)	W1	W2	W3	W4	W5	W6	W7	W8	W9
1		1	2	3	4	5	6	7	8	9
2		1	2	3	4	5	6	7	8	9

EMPLOYMENT

Job I.D.	42 NAME OF EMPLOYER
1	
2	
3	
4	
5	
6	
Bus. I.D.	43 NAME OF BUSINESS/FARM
1	
2	
3	
4	

INTERVIEW STATUS

Line No.	44 PERSON INTERVIEW STATUS	W1	W2	W3	W4	W5	W6	W7	W8	W9
1	Noninterview - No interview obtained (code 991) Interview - No ISS codes marked (code 992)	1	2	3	4	5	6	7	8	9
2		1	2	3	4	5	6	7	8	9

INCOME

Line No.	45 INCOME SOURCES (1 - 56)	W1	W2	W3	W4	W5	W6	W7	W8	W9
1		1	2	3	4	5	6	7	8	9
2		1	2	3	4	5	6	7	8	9

Line No.	45 INCOME SOURCES (1 - 56)	W1	W2	W3	W4	W5	W6	W7	W8	W9
1		1	2	3	4	5	6	7	8	9
2		1	2	3	4	5	6	7	8	9
3		1	2	3	4	5	6	7	8	9
4		1	2	3	4	5	6	7	8	9
5		1	2	3	4	5	6	7	8	9
6		1	2	3	4	5	6	7	8	9
7		1	2	3	4	5	6	7	8	9
8		1	2	3	4	5	6	7	8	9
9		1	2	3	4	5	6	7	8	9
10	46 ASSETS (100 - 150)	1	2	3	4	5	6	7	8	9
11		1	2	3	4	5	6	7	8	9
12		1	2	3	4	5	6	7	8	9
13		1	2	3	4	5	6	7	8	9
14		1	2	3	4	5	6	7	8	9
15		1	2	3	4	5	6	7	8	9
16		1	2	3	4	5	6	7	8	9
17	47 SPECIAL INDICATORS	1	2	3	4	5	6	7	8	9
18	Disabled (code 171)	1	2	3	4	5	6	7	8	9
19	Medicaid (code 172)	1	2	3	4	5	6	7	8	9
20	Medicaid (code 173)	1	2	3	4	5	6	7	8	9
21	U.S. Savings Bonds (code 174) Other Educational Assistance (code 175)	1	2	3	4	5	6	7	8	9

INCOME SOURCE LIST

INCOME LIST

Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans compensation or pensions	35	Local government pensions
9	Black lung payments	36	Income from paid-up life insurance policies or annuities
10	Worker's compensation	37	Estates and trusts
11	State temporary sickness or disability benefits	38	Other payments for retirement, disability or survivor
12	Employer or union temporary sickness policy	40	G.I. Bill/VEAP education benefits
13	Payments from a sickness, accident or disability insurance policy purchased on your own	50	Income assistance from a charitable group
20	Aid to Families with Dependent Children (AFDC, ADC)	51	Money from relatives or friends
21	General assistance or General relief	52	Lump sum payments
22	Indian, Cuban, or Refugee Assistance	53	Income from roomers or boarders
23	Foster child care payments	54	National Guard or Reserve pay
24	Other welfare	55	Incidental or casual earnings
25	WIC (Women, Infants and Children Nutrition Program)	56	Other cash income not included elsewhere
27	Food stamps		

ASSET LIST

SPECIAL INDICATORS

Code	Type	Code	Type
100	Regular/passbook savings accounts in a bank, savings and loan or credit union	170	Worked
101	Money market deposit accounts	171	Disabled
102	Certificates of Deposit or other savings certificates	172	Medicare
103	NOW, Super NOW or other interest earning checking accounts	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	Other educational assistance
106	Municipal or corporate bonds		
107	Other interest-earning assets		
110	Stocks or mutual fund shares		
120	Rental property		
130	Mortgages		
140	Royalties		
150	Other financial investments		

INCOME SOURCE SUMMARY (ISS)

INSTRUCTION — Column (a) will show the income source code. In column (b), mark (X) for all sources from which income was received during the reference period. Column (c) will show the type of income source. The Amounts section, should be filled starting with the page number shown in column (d) for those income sources which have been marked.

ISS code (a)	Mark (X) (b)	Type of income source and income source code (c)	Amounts section page number (d)
		INCOME CODES 1-7	
1		Social Security	
2		U.S. Government Railroad Retirement pay	
3		Federal Supplemental Security Income (SSI)	
5		State Unemployment compensation	
6		Supplemental Unemployment Benefits	
		INCOME CODES 8-13	
8		Veterans compensation or pensions	
		INCOME CODES 20-29	
20		Aid to Families with Dependent Children (AFDC, ADC)	
24		Other Welfare — <i>Specify</i>	(A) - 20
27		Food Stamps	23
28		Child Support payments	26
29		Alimony payments	29
			32
			35
		INCOME CODES 30-38	
30		Pension from company or union	
		INCOME CODES 40-46	
40		GI Bill education benefits	
		INCOME CODES 50-56	
55		Incidental or casual earnings	
		ASSET CODES 100-150	
100		Interest Earning Assets Regular/passbook/savings accounts in a bank, savings and loan or credit union	(B) - 38
101		Money market deposit accounts	
102		Certificates of Deposit or other savings certificates	
103		NOW, Super NOW or other interest earning checking accounts	
104		Money market funds	
105		U.S. Government securities	(C) - 39
106		Municipal or corporate bonds	
107		Other interest-earning assets	
110		Stocks or mutual fund shares	(D) - 40
120		Rental property	(E) - 41
130		Mortgages	
140		Royalties	(F) - 42
150		Other financial investments	
		SPECIAL INDICATORS	
170		Worked	DO NOT FILL
171		Disabled	
172		Medicare	
173		Medicaid	
174		U.S. Savings Bonds	
175		Other educational assistance	

CALLBACK SUMMARY

CHECK ITEM C1

Are any items marked
on Reminder Card for
...?

5000

1 ☐ Yes — Mark appropriate item(s) below, then SKIP to
Check Item C2

2 ☐ No — SKIP to Check Item C2

☐

1. Social Security Number
(Enter in cc item 33b)

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

☐

2. Medicare claim number
(item 20b, page 7)

5002

				-			-	5004							
--	--	--	--	---	--	--	---	------	--	--	--	--	--	--	--

☐

3. EMPLOYER

a. Employer #1 (item 8,
page 13)

5006

\$. Last month

5008

\$. 2 months ago

5010

\$. 3 months ago

5012

\$. 4 months ago

What was the total
amount of pay received
before deductions on this
job in ...?

☐

b. Employer #2 (item 16,
page 15)

5014

\$. Last month

5016

\$. 2 months ago

5018

\$. 3 months ago

5020

\$. 4 months ago

What was the total
amount of pay received
before deductions on this
job in ...?

☐

4. SELF-EMPLOYMENT

a. Self-employment #1
(item 7, page 17)

5022

\$. Last month

5024

\$. 2 months ago

5026

\$. 3 months ago

5028

\$. 4 months ago

What was the total amount
of income received before
deductions from this
business in ...?

☐

b. Self-employment #2
(item 18, page 19)

5030

\$. Last month

5032

\$. 2 months ago

5034

\$. 3 months ago

5036

\$. 4 months ago

What was the total amount
of income received before
deductions from this
business in ...?

☐

5. What was the average
balance in savings/ Money
market deposit accounts/
CD's/ NOW accounts held
jointly by husband and wife?
(Item 2c, page 38)

Amounts for the period — through

5038

\$.

☐

6. What was the average
balance in savings/ Money
market deposit accounts/
CD's/ NOW accounts in own
name? (Item 3c, page 38)

5040

\$.

☐

7. What was the average
balance in Money market
funds/securities/bonds held
jointly by husband and
wife? (Item 2c, page 39)

5042

\$.

☐

8. What was the average
balance in Money market
funds/securities/bonds in
own name? (Item 3c, page
39)

5044

\$.

☐

9. What was the amount
received in dividends by
husband and wife jointly?
(Item 1b, page 40)

5048

\$.

☐

10. What was the amount
received in dividends in
own name? (Item 2a, page
40)

5050

\$.

CHECK ITEM C2

Has an interview been
conducted for all
household members
15+?

5052

1 ☐ Yes — Enter finish time on cover page, fill cc items 36 and 39 and
END INTERVIEW

2 ☐ No — Enter finish time for this household member, THEN interview
next 15+ household member

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CALLBACK SUMMARY

CHECK ITEM C1

Are any items marked on reminder Card for ...?

5000

1 ☐ Yes — Mark appropriate item(s) below, then SKIP to Check Item C2

2 ☐ No — SKIP to Check Item C2

<input type="checkbox"/>	1. Social Security Number (Enter in cc item 33b)								
<input type="checkbox"/>	2. Medicare claim number (item 23b, page 8)	5002						5004	
<input type="checkbox"/>	3. EMPLOYER								
<input type="checkbox"/>	a. Employer #1 (item 8, page 15)	5006	\$			00	Last month		
		5008	\$			00	2 months ago		
	What was the total amount of pay received before deductions on this job in ...?	5010	\$			00	3 months ago		
		5012	\$			00	4 months ago		
<input type="checkbox"/>	b. Employer #2 (item 16, page 17)	5014	\$			00	Last month		
		5016	\$			00	2 months ago		
	What was the total amount of pay received before deductions on this job in ...?	5018	\$			00	3 months ago		
		5020	\$			00	4 months ago		
<input type="checkbox"/>	4. SELF-EMPLOYMENT								
<input type="checkbox"/>	a. Self-employment #1 (item 7, page 19)	5022	\$			00	Last month		
		5024	\$			00	2 months ago		
	What was the total amount of income received from this business in ...?	5026	\$			00	3 months ago		
		5028	\$			00	4 months ago		
<input type="checkbox"/>	b. Self-employment #2 (item 18, page 22)	5030	\$			00	Last month		
		5032	\$			00	2 months ago		
	What was the total amount of income received from this business in ...?	5034	\$			00	3 months ago		
		5036	\$			00	4 months ago		

Amounts as of (the last day of the reference period)

<input type="checkbox"/>	5. SELF-EMPLOYMENT						
<input type="checkbox"/>	a. What was the total value of this business before figuring in any debts that might be owed against it?	8850	\$			00	(Item 11b, page 20)
		8852	\$			00	(Item 21b, page 23)
<input type="checkbox"/>	b. What was the total debt owed against this business?	8854	\$			00	(Item 11d, page 20)
		8856	\$			00	(Item 21d, page 23)
<input type="checkbox"/>	6. What was the total amount in savings/ Money market deposit accounts/ CD's/NOW accounts held jointly by husband and wife? (Item 2c, page 42)	5038	\$			00	
<input type="checkbox"/>	7. What was the total amount in savings/ Money market deposit accounts/ CD's/NOW accounts in own name? (Item 3c, page 42)	5040	\$			00	
<input type="checkbox"/>	8. What was the total amount in Money market funds/ securities/ bonds held jointly by husband and wife? (Item 2c, page 43)	5042	\$			00	

CALLBACK SUMMARY (Continued)

<input type="checkbox"/>	9. What was the total amount in Money market funds/securities/bonds in own name? (Item 3c, page 43)	5044	\$		00
Amounts for the 4 month period of <input type="text"/> Month through <input type="text"/> Month					
<input type="checkbox"/>	10. What was the amount received in dividends jointly by husband and wife during the 4-month period? (Item 1b, page 44)	5048	\$		00
<input type="checkbox"/>	11. What was the amount received in dividends in own name during the 4-month period? (Item 2a, page 44)	5050	\$		00
Amounts as of <input type="text"/> Month/day/year (the last day of the reference period)					
<input type="checkbox"/>	12. What was the market value of stocks and mutual funds held jointly by husband and wife? (Item 4a, page 44)	8858	\$		00
<input type="checkbox"/>	13. What was the market value of stocks and mutual funds held in own name? (Item 5b, page 45)	8860	\$		00
<input type="checkbox"/>	14. What was the market value of rental property owned jointly by husband and wife? (Item 2g, page 46)	8862	\$		00
<input type="checkbox"/>	15. What was the market value of rental property owned in own name? (Item 3g, page 47)	8864	\$		00
<input type="checkbox"/>	16. What was the share of equity in rental property held jointly with others? (Item 4i, page 48)	8866	\$		00
<input type="checkbox"/>	17. What was the total balance or market value (including interest earned) of IRA accounts? (Item 9c, page 52)	8868	\$		00
<input type="checkbox"/>	18. What was the total balance or market value of assers in KEOGH account(s)? (Item 10c, page 52)	8870	\$		00
CHECK ITEM C2		5052	1 <input type="checkbox"/> Yes — Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No — Enter finish time for this household member, THEN interview next 15 + household member		
NOTES					

CALLBACK SUMMARY

CHECK ITEM C1		Are any items marked on Reminder Card for . . . ?		5000 1 <input type="checkbox"/> Yes — Mark appropriate item(s) below, then SKIP to Check Item C2 2 <input type="checkbox"/> No — SKIP to Check Item C2		
<input type="checkbox"/>	1. Social Security Number (Enter in cc item 33b)	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>		x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.		
<input type="checkbox"/>	2. Medicare claim number (Item 23b, page 8)	5002	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	5004	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
<input type="checkbox"/>	3. EMPLOYER					
<input type="checkbox"/>	a. Employer #1 (Item 8, page 15) What was the total amount of pay received before deductions on this job in . . . ?	5006	\$	. 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5008	\$	. 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5010	\$	. 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5012	\$	. 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Employer #2 (Item 16, page 17) What was the total amount of pay received before deductions on this job in . . . ?	5014	\$	. 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5016	\$	. 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5018	\$	. 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5020	\$	. 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	4. SELF-EMPLOYMENT					
<input type="checkbox"/>	a. Self-employment #1 (Item 7, page 19) What was the total amount of income received from this business in . . . ?	5022	\$	. 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5024	\$	. 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5026	\$	. 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5028	\$	. 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Self-employment #2 (Item 18, page 22) What was the total amount of income received from this business in . . . ?	5030	\$	. 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5032	\$	. 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5034	\$	. 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5036	\$	. 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None

Amounts as of (the last day of the reference period)

<input type="checkbox"/>	5. SELF-EMPLOYMENT	Business 1		Business 2			
<input type="checkbox"/>	a. What was the total value of this business before figuring in any debts that might be owed against it?	8850	\$. 00	8852	\$. 00
		(Item 11b, page 20)		(Item 21b, page 23)			
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None			
<input type="checkbox"/>	b. What was the total debt owed against this business?	8854	\$. 00	8856	\$. 00
		(Item 11d, page 20)		(Item 21d, page 23)			
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None			
<input type="checkbox"/>	6. What was the total amount in savings/Money market deposit accounts/CD's/NOW accounts held jointly by husband and wife? (Item 2c, page 42)	5038	\$. 00			
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None					
<input type="checkbox"/>	7. What was the total amount in savings/Money market deposit accounts/CD's/NOW accounts in own name? (Item 3c, page 42)	5040	\$. 00			
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None					
<input type="checkbox"/>	8. What was the total amount in Money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 43)	5042	\$. 00			
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None					

CALLBACK SUMMARY (Continued)

<input type="checkbox"/>	9. What was the total amount in Money market funds/securities/bonds in own name? (Item 3c, page 43)	5044	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref. <input type="checkbox"/> None
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Amounts for the 4 month period of Month through Month

<input type="checkbox"/>	10. What was the amount received in dividends jointly by husband and wife during the 4-month period? (Item 1b, page 44)	5048	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref. <input type="checkbox"/> None
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<input type="checkbox"/>	11. What was the amount received in dividends in own name during the 4-month period? (Item 2a, page 44)	5050	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref. <input type="checkbox"/> None
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Amounts as of Month/day/year (the last day of the reference period)

<input type="checkbox"/>	12. What was the market value of stocks and mutual funds held jointly by husband and wife? (Item 4a, page 44)	8858	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref. <input type="checkbox"/> None
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<input type="checkbox"/>	13. What was the market value of stocks and mutual funds held in own name? (Item 5b, page 45)	8860	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref.
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<input type="checkbox"/>	14. What was the market value of rental property owned jointly by husband and wife? (Item 2g, page 46)	8862	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref.
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<input type="checkbox"/>	15. What was the market value of rental property owned in own name? (Item 3g, page 47)	8864	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref.
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<input type="checkbox"/>	16. What was the share of equity in rental property held jointly with others? (Item 4i, page 48)	8866	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref.
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<input type="checkbox"/>	17. What was the total balance or market value (including interest earned) of IRA accounts? (Item 9c, page 52)	8868	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref.
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<input type="checkbox"/>	18. What was the total balance or market value of assets in KEOGH account(s)? (Item 10c, page 52)	8870	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> DK <input type="checkbox"/> Ref.
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CHECK ITEM C2

Has an interview been conducted for all household members 15+?

5052	<input type="checkbox"/> Yes — Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW <input type="checkbox"/> No — Enter finish time for this household member, THEN interview next 15+ household member
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NOTES

CALLBACK SUMMARY

CHECK ITEM C1

Are any items marked on
reminder Card for ...?

5000

- 1 ☐ Yes — Mark appropriate item(s) below, then SKIP to
Check Item C2
2 ☐ No — SKIP to Check Item C2

<input type="checkbox"/>	1. Social Security Number (Enter in cc item 33b)								
<input type="checkbox"/>	2. Medicare claim number (item 23b, page 8)	5002						5004	
<input type="checkbox"/>	3. EMPLOYER								
<input type="checkbox"/>	a. Employer #1 (item 8, page 15) What was the total amount of pay received before deductions on this job in ...?	5006	\$			00	Last month		
		5008	\$			00	2 months ago		
		5010	\$			00	3 months ago		
		5012	\$			00	4 months ago		
<input type="checkbox"/>	b. Employer #2 (item 16, page 17) What was the total amount of pay received before deductions on this job in ...?	5014	\$			00	Last month		
		5016	\$			00	2 months ago		
		5018	\$			00	3 months ago		
		5020	\$			00	4 months ago		
<input type="checkbox"/>	4. SELF-EMPLOYMENT								
<input type="checkbox"/>	a. Self-employment #1 (item 7, page 19) What was the total amount of income received from this business in ...?	5022	\$			00	Last month		
		5024	\$			00	2 months ago		
		5026	\$			00	3 months ago		
		5028	\$			00	4 months ago		
<input type="checkbox"/>	b. Self-employment #2 (item 18, page 21) What was the total amount of income received from this business in ...?	5030	\$			00	Last month		
		5032	\$			00	2 months ago		
		5034	\$			00	3 months ago		
		5036	\$			00	4 months ago		
<input type="checkbox"/>	5. What was the average balance in savings/Money market deposit accounts/CD's/NOW accounts held jointly by husband and wife? (Item 2c, page 40)		Amounts for the period of — <input type="text"/> through <input type="text"/>						
		5038	\$			00			
<input type="checkbox"/>	6. What was the average balance in savings/Money market deposit accounts/CD's/NOW accounts in own name? (Item 3c, page 40)	5040	\$			00			
<input type="checkbox"/>	7. What was the average balance in Money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 41)	5042	\$			00			
<input type="checkbox"/>	8. What was the average balance in Money market funds/securities/ bonds in own name? (Item 3c, page 41)	5044	\$			00			
<input type="checkbox"/>	9. What was the amount received in dividends by husband and wife jointly? (Item 1b, page 42)	5048	\$			00			
<input type="checkbox"/>	10. What was the amount received in dividends in own name? (Item 2a, page 42)	5050	\$			00			

CALLBACK SUMMARY (Continued)

<input type="checkbox"/>	11a. What were the gross receipts of this (business/practice) in 1984? <i>(Item 2j, page 47)</i>	Business 1	Business 2
		9650 \$. 00	9660 \$. 00
<input type="checkbox"/>	11b. What were the total expenses of this (business/practice) in 1984? <i>(Item 2k, page 47)</i>	9652 \$. 00	9662 \$. 00
<input type="checkbox"/>	12. What was the net income from this business/practice) in 1984? <i>(Item 2m, page 48)</i>	9654 \$. 00	9664 \$. 00
<input type="checkbox"/>	13. What was the total amount received jointly in interest and dividends by husband and wife in 1984? <i>(Item 1d, page 54)</i>	9666 \$. 00	
<input type="checkbox"/>	14. What was the total amount received in interest and dividends in own name in 1984? <i>(Item 2b, page 56)</i>	9668 \$. 00	
<input type="checkbox"/>	15. What was this person's share of the net income from all rental property in 1984? <i>(Item 3d, page 57)</i>	9670 \$. 00	
CHECK ITEM C1 Has an interview been conducted for all household members 15 + ?		5052 1 <input type="checkbox"/> Yes — Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No — Enter finish time for this household member, THEN interview next 15 + household member	

NOTES

CALLBACK SUMMARY

**CHECK
ITEM C1**

Are any items marked on
Reminder Card for . . . ?

5000

- 1 ☐ Yes – Mark appropriate item(s) below, then SKIP to Check Item C2
2 ☐ No – SKIP to Check Item C2

<input type="checkbox"/>	1. Social Security Number (Enter in cc item 33b)	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		
<input type="checkbox"/>	2. Medicare claim number (item 23b, page 8)	5002 <div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	5004 <div> <div></div> <div></div> <div></div> <div></div> </div>		
<input type="checkbox"/>	3. EMPLOYER					
<input type="checkbox"/>	a. Employer #1 (item 8, page 15)	5006	\$	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	What was the total amount of pay received before deductions on this job in . . . ?	5008	\$	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
5010		\$	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
5012		\$	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	b. Employer #2 (item 16, page 17)	5014	\$	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	What was the total amount of pay received before deductions on this job in . . . ?	5016	\$	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
5018		\$	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
5020		\$	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	4. SELF-EMPLOYMENT					
<input type="checkbox"/>	a. Self-employment #1 (item 7, page 19)	5022	\$	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	What was the total amount of income received from this business in . . . ?	5024	\$	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
5026		\$	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
5028		\$	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	b. Self-employment #2 (item 18, page 21)	5030	\$	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	What was the total amount of income received from this business in . . . ?	5032	\$	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
5034		\$	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
5036		\$	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	5. What was the average balance in savings/Money market deposit accounts/CD's/NOW accounts held jointly by husband and wife? (Item 2c, page 40)	Amounts for the period of — <div></div> through <div></div>				
		5038	\$	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	6. What was the average balance in savings/Money market deposit accounts/CD's/NOW accounts in own name? (Item 3c, page 40)	5040	\$	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average balance in Money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 41)	5042	\$	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	8. What was the average balance in Money market funds/securities/bonds in own name? (Item 3c, page 41)	5044	\$	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	9. What was the amount received in dividends by husband and wife jointly? (Item 1b, page 42)	5048	\$	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	10. What was the amount received in dividends in own name? (Item 2a, page 42)	5050	\$	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None

CALLBACK SUMMARY (Continued)

<input type="checkbox"/>	11a. What were the gross receipts of this (business/practice) in 1985? (Item 2h, page 47)	Business 1		Business 2	
		9650 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	9660 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
<input type="checkbox"/>	11b. What were the total expenses of this (business/practice) in 1985? (Item 2i, page 47)	9652 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	9662 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
<input type="checkbox"/>	12. What was the net income from this business/practice) in 1985? (Item 2k, page 48)	9654 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	9664 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
<input type="checkbox"/>	13. What was this person's share of the net income from all rental property in 1985? (Item 9d, page 53)	9670 \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.			
CHECK ITEM C2 Has an interview been conducted for all household members 15 + ?		5052 1 <input type="checkbox"/> Yes — Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No — Enter finish time for this household member, THEN interview next 15 + household member			

NOTES

NOTICE — Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION
1984 PANEL
WAVE 1 QUESTIONNAIRE**

P G M	1. Book _____	2. (cc 1) R.O. code [][]	3a. (cc 2)					
6	of _____	[][]	PSU [][]	Segment [][][][]	Serial [][]	b. (cc 3) (cc 17)		
						Add. ID [][]	Entry Add. ID [][]	

4. PERSON	
a. Number (cc 18)	b. Name (cc 19a)
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	<div style="display: flex; flex-direction: column;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Last</div> <div style="border: 1px solid black; width: 100%; height: 25px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">First, middle</div> <div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> </div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Maiden</div> <div style="border: 1px solid black; width: 100%; height: 25px;"></div> </div> </div>

5. PERSON CHARACTERISTICS — Fill <i>a, b, c,</i> and <i>d</i> using the control card				
a. Relationship <i>code (cc 19b)</i> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	b. Date of birth <i>code (cc 24)</i> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Month Day Year </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	c. Sex code <i>(cc 28)</i> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>	d. Marital status <i>code (cc 26a)</i> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>	

6. Interviewer identification				
Code			Name	

7. PERSON INTERVIEW STATUS

a. Interview

1 ☐ Self — *SKIP to 8*

2 ☐ Proxy — *Fill 7b*

b. Person number of proxy

— *SKIP to 8*

c. Noninterview

1 ☐ Type Z refusal

2 ☐ Type Z other

8. Date of interview for this person

Month

Day

Fill start time in 9a, then go to Introduction

a. Interview time for this person

	Initial visit	Callback visit
Start time →	a.m. p.m.	a.m. p.m.
Finish time →	a.m. p.m.	a.m. p.m.

b. Total interview time for this person

Minutes

10a. Interviewer time for clerical review

Start time	→	a.m. p.m.
Finish time	→	a.m. p.m.

b. Total interviewer time for clerical review

			Minutes
--	--	--	---------

INTRODUCTION

INTERVIEWER INSTRUCTIONS — Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

This survey is about the economic situation of people living in the United States. Most of the questions will be about . . . 's activities during _____, _____, _____, and _____. Here is a calendar that shows the 4 months we will be talking about. (*Hand respondent calendar.*) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here.

Notes

Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

- 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes — Mark "Worked" (code 170) on ISS and SKIP to 4
2 ☐ No

- 2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

1002

- 1 ☐ Yes
2 ☐ No — SKIP to 3a

- b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job?**

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could . . . have taken a job during any of those weeks if one had been offered?**

1042

- 1 ☐ Yes — SKIP to Check Item R1
2 ☐ No

- d. What was the main reason . . . could not take a job during those weeks?**

Mark (X) only one.

1044

- 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other — Specify _____

**CHECK
ITEM R1**

Refer to item 2b.

Is the "ALL" box marked in 2b?

1046

- 1 ☐ Yes — SKIP to 9a, page 4
2 ☐ No — SKIP to 3b

- 3a. Were there any weeks in the 4-month period when . . . wanted a job?**

1048

- 1 ☐ Yes — SKIP to 3c
2 ☐ No — SKIP to 9a, page 4

- b. I have recorded that there were weeks that . . . did not work or look for work. Did . . . want a job in those weeks?**

1050

- 1 ☐ Yes
2 ☐ No — SKIP to 9a, page 4

- c. Could . . . have taken a job in those weeks if one had been offered?**

1052

- 1 ☐ Yes
2 ☐ No — SKIP to 9a, page 4

- d. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?**

Mark (X) only one.

1054

- 1 ☐ Believes no work available in line of work or area
2 ☐ Couldn't find any work
3 ☐ Lacks necessary schooling, training, skills, or experience
4 ☐ Employers think too young or too old
5 ☐ Other personal handicap in finding job
6 ☐ Can't arrange child care
7 ☐ Family responsibilities
8 ☐ In school or other training
9 ☐ Ill health, physical disability
10 ☐ Other — Specify _____
x1 ☐ DK

SKIP
to
9a,
page
4

- 4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**

Note that the person did **not** have to work each week.

1056

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

- 5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

1058

- 1 ☐ Yes
2 ☐ No — SKIP to 8a, page 4

- b. Please look at the calendar. In which weeks was . . . absent without pay?**

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason . . . was absent from . . . 's job or business during those weeks?**

Mark (X) only one.

1098

- 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other — Specify _____

SKIP
to
8a,
page
4

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did . . . have a job or business?
Mark (X) calendar below, "With a job or business." AND then mark appropriate box(es).

1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13
1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14
1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15
1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16
1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17
1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18

b. Of those weeks that . . . had a job or business, was . . . absent from work for any full weeks without pay?

1136 1 ☐ Yes
2 ☐ No — SKIP to 7a

c. In which weeks was . . . absent without pay?

1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13
1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14
1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15
1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16
1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17
1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18

d. What was the main reason . . . was absent from . . . 's job or business during those weeks?
Mark (X) only one.

1174 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other — Specify

7a. I have marked that there were some weeks in this period in which . . . did NOT have a job or business. During that week or weeks did . . . spend any time looking for work or on layoff?

1176 1 ☐ Yes
2 ☐ No — SKIP to 7e

b. In which of these weeks was . . . looking for work or on layoff from a job?

Mark (X) calendar below, "Looking for work or on layoff" AND then mark appropriate box(es).

1178 x5 ☐ All weeks without a job

1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7	1204	<input type="checkbox"/> 13
1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8	1206	<input type="checkbox"/> 14
1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9	1208	<input type="checkbox"/> 15
1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10	1210	<input type="checkbox"/> 16
1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11	1212	<input type="checkbox"/> 17
1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18

c. Could . . . have taken a job during those weeks if one had been offered?

1216 1 ☐ Yes — SKIP to Check Item R2
2 ☐ No

d. What was the main reason . . . could not take a job during those weeks?

1218 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other — Specify

CHECK ITEM R2

Refer to the Labor Force Calendar, below. Is each week of the 4-month period marked as "With a job or business" or "Looking for work or on layoff"?

1220 1 ☐ Yes — SKIP to 8a
2 ☐ No — SKIP to 7f

7e. Did . . . want a job in those weeks when . . . did not have one?

1222 1 ☐ Yes — SKIP to 7g
2 ☐ No — SKIP to 8a

f. I have marked that there were weeks in this period when . . . did not have a job and was not looking for a job. Did . . . want a job in those weeks?
If necessary, refer to Labor Force calendar.

1224 1 ☐ Yes
2 ☐ No — SKIP to 8a

g. Could . . . have taken a job during those weeks if one had been offered?

1226 1 ☐ Yes
2 ☐ No — SKIP to 8a

LABOR FORCE CALENDAR — Use when item 4 is marked "No"

WEEK —→	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
With a job or business. Mark for item 6a.																		
Looking for work or on layoff (and without a job or business.) Mark for item 7b.																		

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

7h. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking? Mark (X) only one.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1228</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Believes no work available in line of work or area <input type="checkbox"/> 2 Couldn't find any work <input type="checkbox"/> 3 Lacks necessary schooling, training, skills, or experience <input type="checkbox"/> 4 Employers think too young or too old <input type="checkbox"/> 5 Other personal handicap in finding job <input type="checkbox"/> 6 Can't arrange child care <input type="checkbox"/> 7 Family responsibilities <input type="checkbox"/> 8 In school or other training <input type="checkbox"/> 9 Ill health, physical disability <input type="checkbox"/> 10 Other — Specify _____ <input checked="" type="checkbox"/> 11 DK </div> <div style="width: 5%; text-align: center;"> 1 2 3 4 5 6 7 8 9 10 11 </div> </div>
8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1230</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> Hours per week <input checked="" type="checkbox"/> 1 None <input type="checkbox"/> 2 DK </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div> <div style="margin-left: 40px;">} SKIP to 9a</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R3</div> Refer to item 8a. Did . . . usually work 35 or more hours per week?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1232</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 8c </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
8b. Did . . . work less than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1234</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 9a </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
c. In how many weeks did . . . work less than 35 hours during this 4-month period?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1236</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1 All <input type="text"/> Weeks </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
d. What was the main reason . . . worked less than 35 hours in those weeks? Mark (X) only one.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1238</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Could not find a full-time job <input type="checkbox"/> 2 Wanted to work part time <input type="checkbox"/> 3 Health condition or disability <input type="checkbox"/> 4 Normal working hours are less than 35 hours <input type="checkbox"/> 5 Slack work or material shortage <input type="checkbox"/> 6 Other — Specify _____ </div> <div style="width: 5%; text-align: center;"> 1 2 3 4 5 6 </div> </div>
9a. During this 4-month period, did . . . receive any State unemployment compensation payments?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1240</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes — Mark "5" on ISS <input type="checkbox"/> 2 No — SKIP to Check Item R4 </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1242</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes — Mark "6" on ISS <input type="checkbox"/> 2 No </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R4</div> Is "Worked" marked on the ISS?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1244</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R5 </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1246</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes — Mark "10" on ISS <input type="checkbox"/> 2 No </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R5</div> Refer to control card item 32a. Is . . . a veteran of the U.S. Armed Forces? Mark "No" if currently in Armed Forces. ("Yes" marked in cc item 32c)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1330</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R6 </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
11a. How long did . . . serve on active duty in the Armed Forces?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1332</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Less than 6 months <input type="checkbox"/> 2 6 to 23 months <input type="checkbox"/> 3 2 to 19 years <input type="checkbox"/> 4 20 or more years <input checked="" type="checkbox"/> 11 DK </div> <div style="width: 5%; text-align: center;"> 1 2 3 4 11 </div> </div>
b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1334</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/> 11 DK </div> <div style="width: 5%; text-align: center;"> 1 2 11 </div> </div> <div style="margin-left: 40px;">} SKIP to 11d</div>
c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1336</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> Percent <input checked="" type="checkbox"/> 1 0 % <input type="checkbox"/> 2 DK <input type="checkbox"/> 3 Ref. <input type="checkbox"/> 101 No rating </div> <div style="width: 5%; text-align: center;"> 1 2 3 101 </div> </div>
d. During this 4-month period did . . . receive pension or compensation payments from the Veterans Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1338</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes — Mark "8" on ISS <input type="checkbox"/> 2 No </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R6</div> Is . . . 18 years of age or over?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1340</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 15a </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>
12a. During this 4-month period, did . . . receive any Social Security payments?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1342</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 Yes — Mark "1" on ISS <input type="checkbox"/> 2 No — SKIP to Check Item R8 </div> <div style="width: 5%; text-align: center;"> 1 2 </div> </div>

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R7	Is . . . 65 years of age or over?	1344	1 <input type="checkbox"/> Yes — SKIP to 13a 2 <input type="checkbox"/> No
12b.	What is the reason . . . is getting Social Security is it because . . . is (Read categories) — Mark (X) only one.	1346	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widow(ed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK } SKIP to 13a
12c.	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1348	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widow(ed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 13a
CHECK ITEM R8	Refer to Control Card item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
12d.	During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?	1352	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
13a.	During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R9
b.	Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R9	Is . . . 40 years of age or over?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
14a.	Has . . . ever retired from a job or business? (Include retirement from the military.)	1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R10
b.	During the 4-month period did . . . receive any retirement income other than Social Security?	1362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 14d
c.	What kind of retirement income? Anything else? Mark (X) all that apply.	1364	1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
		1366	2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS
		1368	3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1370	4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		1372	5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
		1374	6 <input type="checkbox"/> State government pension — Mark "34" on ISS
		1376	7 <input type="checkbox"/> Local government pension — Mark "35" on ISS
		1378	8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.
		1380	<input type="text"/>
d.	During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1382	1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R10	Is . . . 70 years of age or over?	1384	1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No
15a.	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386	1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11
b.	During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R11

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

15c. What kind of income?

Mark (X) all that apply.

- | | |
|------|--|
| 1390 | 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS |
| 1392 | 2 <input type="checkbox"/> Black Lung benefits — Mark "9" on ISS |
| 1394 | 3 <input type="checkbox"/> Worker's Compensation — Mark "10" on ISS |
| 1396 | 4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS |
| 1398 | 5 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS |
| 1400 | 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS |
| 1402 | 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS |
| 1406 | 8 <input type="checkbox"/> State government pension — Mark "34" on ISS |
| 1408 | 9 <input type="checkbox"/> Local government pension — Mark "35" on ISS |
| 1410 | 10 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS. |
| 1412 | <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> |

CHECK ITEM R11

Refer to Control Card item 26a.
What is ...'s marital status?

- | | |
|------|---|
| 1414 | 1 <input type="checkbox"/> Married — SKIP to 17 |
| | 2 <input type="checkbox"/> Widowed — SKIP to 19a |
| | 3 <input type="checkbox"/> Divorced |
| | 4 <input type="checkbox"/> Separated |
| | 5 <input type="checkbox"/> Never married — SKIP to Check Item R12 |

16. Did ... receive any alimony (or support payments other than child support) during the 4-month period?

- | | |
|------|--|
| 1416 | 1 <input type="checkbox"/> Yes — Mark "29" on ISS and SKIP to Check Item R12 |
| | 2 <input type="checkbox"/> No |
| | x1 <input type="checkbox"/> DK } SKIP to Check Item R12 |
| | x2 <input type="checkbox"/> Ref. } |

17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has ... ever been widowed or divorced?

- | | |
|------|--|
| 1418 | 1 <input type="checkbox"/> Widowed — SKIP to 19a |
| | 2 <input type="checkbox"/> Divorced |
| | 3 <input type="checkbox"/> Both widowed and divorced |
| | 4 <input type="checkbox"/> No — SKIP to Check Item R15 |

CHECK ITEM R12

Refer to Control Card item 27.
Is ... the designated parent or guardian of children under 18 who live in this household?

- | | |
|------|--|
| 1420 | 1 <input type="checkbox"/> Yes |
| | 2 <input type="checkbox"/> No — SKIP to Check Item R13 |

18. Did ... receive any child support payments during this 4-month period? (Exclude child support paid through the welfare office.)

- | | |
|------|---|
| 1422 | 1 <input type="checkbox"/> Yes — Mark "28" on ISS |
| | 2 <input type="checkbox"/> No |
| | x1 <input type="checkbox"/> DK |
| | x2 <input type="checkbox"/> Ref. |

CHECK ITEM R13

Is "Both widowed and divorced" box marked in 17?

- | | |
|------|--|
| 1424 | 1 <input type="checkbox"/> Yes |
| | 2 <input type="checkbox"/> No — SKIP to Check Item R15 |

9a. During this 4-month period, did ... receive any pensions or annuities as a widow(er) (other than Social Security)?

- | | |
|------|---|
| 1426 | 1 <input type="checkbox"/> Yes |
| | 2 <input type="checkbox"/> No |
| | x1 <input type="checkbox"/> DK } SKIP to Check Item R15 |

b. What kind of income was this?

Was there anything else?

(SHOW FLASHCARD K)

Mark (X) all that apply.

- | | |
|------|--|
| 1428 | 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS |
| 1430 | 2 <input type="checkbox"/> Veterans Compensation or pension — Mark "8" on ISS |
| 1432 | 3 <input type="checkbox"/> Black Lung benefits — Mark "9" on ISS |
| 1434 | 4 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS |
| 1436 | 5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS |
| 1438 | 6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS |
| 1440 | 7 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS |
| 1442 | 8 <input type="checkbox"/> State government pension — Mark "34" on ISS |
| 1444 | 9 <input type="checkbox"/> Local government pension — Mark "35" on ISS |
| 1446 | 10 <input type="checkbox"/> Income from paid up life insurance policies or annuities — Mark "36" on ISS |
| 1448 | 11 <input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS |
| 1450 | 12 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS. |
| 1452 | <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> |

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R14	Is "Veterans Compensation or pension" marked in 19b?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R15
19c. Did ...'s late husband die while in the service or from a service-related injury?		1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R15	Is ... 65 years of age or over?	1458	<input type="checkbox"/> Yes — SKIP to 20a <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a. Is ... disabled?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R17
20a. Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L).		1462	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item R17
Is ... covered by Medicare?			
b. May I see ...'s Medicare card to record the claim number and type of coverage?		1464	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 1466 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> </div>
		1468	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Type A and B) <input type="checkbox"/> Card not available — ASK 20c
		} SKIP to Check Item R17	
c. (This information is especially important for the purposes of this survey.) If I were to call later would you be able to provide me with ...'s Medicare number?		1470	<input type="checkbox"/> Yes — Mark Reminder Card <input type="checkbox"/> No
d. Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?		1472	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
CHECK ITEM R17	Refer to Control Card item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	1474	<input type="checkbox"/> Yes — SKIP to 21 <input type="checkbox"/> No
CHECK ITEM R18	Is ... 18 years of age or over?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 24a
21. Was ... authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)		1480	<input type="checkbox"/> Yes — Mark "27" on ISS <input type="checkbox"/> No
CHECK ITEM R19	Interview status of ...'s spouse.	1482	<input type="checkbox"/> No spouse in household <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — SKIP to 23a
22a. During the 4-month period, did ... receive any welfare such as AFDC, WIC, or General Assistance (for ... or ...'s children)? (Exclude energy assistance.)		1484	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 23a
b. What kind of welfare did ... receive? Anything else?		1486	<input type="checkbox"/> AFDC — Mark "20" on ISS
Mark (X) all that apply.		1488	<input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS
		1490	<input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS
		1492	<input type="checkbox"/> Foster Child Care — Mark "23" on ISS
		1494	<input type="checkbox"/> WIC — Mark "25" on ISS
		1496	<input type="checkbox"/> Other or DK — Specify and enter code from income source list. Enter "24" if not listed or DK.
		1498	<input type="text"/> <input type="text"/>
23a. During the 4-month period was ... covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?		1502	<input type="checkbox"/> Yes — Mark "173" on ISS <input type="checkbox"/> No
CHECK ITEM R20	Refer to Control Card item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	1506	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
23b. Were any of ...'s children (under 18) covered by (Use local name for Medicaid)?		1508	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 24a

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

23c. Which children were covered?

1510

x5 ☐ All

OR

Person No.

Name

1512

1514

1516

1518

1520

**CHECK
ITEM R21**

Was . . . or . . . 's children covered by
Medicaid?

1524

1 ☐ Yes

2 ☐ No — SKIP to 24a

**23d. Was (. . ./(and) . . . 's children) covered during
the entire 4-month period?**

1526

1 ☐ Yes — SKIP to 24a

2 ☐ No

**e. In which months was (. . ./(and) . . . 's
children) covered?**

Mark (X) all that apply.

1528

1 ☐ Last month

1530

2 ☐ 2 months ago

1532

3 ☐ 3 months ago

1534

4 ☐ 4 months ago

**24a. During the 4-month period, did . . . have group
or individual health insurance in . . . 's own
name?**

(Exclude Medicaid, Medicare, CHAMPUS,
CHAMPVA and plans paying benefits only for
accidents or specific diseases.)

1536

1 ☐ Yes — SKIP to 24c

2 ☐ No

ASK OR VERIFY —

**b. Was . . . covered by a health insurance plan in
somebody else's name?**

1537

1 ☐ Yes

2 ☐ No } SKIP to Check Item R22

**c. Did . . . have this health insurance plan during
the entire 4-month period?**

1538

1 ☐ Yes — SKIP to 24e

2 ☐ No

d. In which months did . . . have the plan?

Mark (X) all that apply.

1540

1 ☐ Last month

1542

2 ☐ 2 months ago

1544

3 ☐ 3 months ago

1546

4 ☐ 4 months ago

**e. Was . . . 's plan provided through an employer
or union (or through a former employer or a
pension plan)?**

1548

1 ☐ Yes

2 ☐ No — SKIP to 24g

**f. Did the employer or union (former employer or
pension plan) pay for part or all of the cost of
this plan?**

1550

1 ☐ All

2 ☐ Part

x3 ☐ None

g. Was this an individual plan or a family plan?

1552

1 ☐ Individual — SKIP to Check Item R22

2 ☐ Family

**h. Did . . . 's health plan cover all the persons
living here?**

1554

1 ☐ Yes — SKIP to 25

2 ☐ No

**i. Other than . . . , which persons in this household
were covered by . . . 's plan?**

Person No.

Name

1556

1558

1560

1562

1564

1566

x3 ☐ None

**CHECK
ITEM R22**

Refer to Control Card item 27.

Is . . . the designated parent or guardian of
children under 18 who live in this household?

1568

1 ☐ Yes

2 ☐ No — SKIP to 25

**CHECK
ITEM R23**

Have each of these children already
been identified as members of a family
health insurance plan?

1570

1 ☐ Yes

2 ☐ No

x1 ☐ DK } SKIP to 24k

**24j. I have recorded that all of . . . 's children were
covered by a health insurance plan — is that
correct?**

1572

1 ☐ Yes — SKIP to 25

2 ☐ No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

24k. Are any of (Which of) ...'s children (were) covered by a health insurance plan? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)	<div>1574</div> <div>x5 <input type="checkbox"/> All children</div> <div>OR</div> <div>Person No. Name</div> <div>1576</div> <div>1578</div> <div>1580</div> <div>1582</div> <div>1584</div> <div>1586</div> <div>x3 <input type="checkbox"/> None</div>
25. Excluding IRA and Keogh accounts, did ... have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?	<div>1624</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 27a</div>
26. Did ... have any — a. Regular or passbook savings accounts?	<div>1626</div> <div>1 <input type="checkbox"/> Yes — Mark "100" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
b. Money market deposit accounts?	<div>1628</div> <div>1 <input type="checkbox"/> Yes — Mark "101" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
c. Certificates of deposit or other savings certificates?	<div>1630</div> <div>1 <input type="checkbox"/> Yes — Mark "102" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
d. NOW, Super NOW, or other interest-earning checking accounts?	<div>1632</div> <div>1 <input type="checkbox"/> Yes — Mark "103" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
27a. Did ... own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA and Keogh accounts.) (SHOW FLASHCARD N)	<div>1634</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> <div>SKIP to 28a</div>
b. Which kinds of these assets did ... own? Exclude IRA and Keogh accounts. Any others? <i>Mark (X) all that apply.</i>	<div>1636</div> <div>1 <input type="checkbox"/> Money market funds — Mark "104" on ISS</div> <div>1638</div> <div>2 <input type="checkbox"/> U.S. Government securities — Mark "105" on ISS</div> <div>1640</div> <div>3 <input type="checkbox"/> Municipal or corporate bonds — Mark "106" on ISS</div> <div>1642</div> <div>4 <input type="checkbox"/> Mortgages — Mark "130" on ISS</div> <div>1644</div> <div>5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) — Mark "174" on ISS</div> <div>1646</div> <div>6 <input type="checkbox"/> Other — Specify and mark "107" on ISS</div>
28. During the 4-month period did ... have any — (Exclude IRA and Keogh accounts.) a. Stocks or mutual fund shares?	<div>1648</div> <div>1 <input type="checkbox"/> Yes — Mark "110" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
b. Rental property?	<div>1650</div> <div>1 <input type="checkbox"/> Yes — Mark "120" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
c. Royalties?	<div>1652</div> <div>1 <input type="checkbox"/> Yes — Mark "140" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
d. Any other financial investments?	<div>1654</div> <div>1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>
CHECK ITEM R24 Is ... 17 to 49 years of age?	<div>1656</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to Check Item R27</div>

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

29a. During the past 4 months did . . . attend school beyond the high school level including a college, university, or other school?	1658	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R27
b. Were any of . . . 's educational expenses during the past 4 months paid for by the GI Bill, a Pell (BEOG) Grant, a Guaranteed or National Direct Student Loan, or any other type of scholarship or grant?	1660	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 32
c. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.	1662	<input type="checkbox"/> GI/VEAP Benefits — Mark "40" on the ISS <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="text-align: center;">1664</div> <div style="text-align: center;">1666</div> <div style="text-align: center;">1668</div> <div style="text-align: center;">1670</div> <div style="text-align: center;">1672</div> <div style="text-align: center;">1674</div> <div style="text-align: center;">1676</div> <div style="text-align: center;">1678</div> </div> <div> <input type="checkbox"/> Pell Grant (BEOG) <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) <input type="checkbox"/> Other VA Educational Assistance Programs <input type="checkbox"/> Other scholarship, fellowship, or grant <input type="checkbox"/> Employer assistance <input type="checkbox"/> JTPA/CETA training allowance <input type="checkbox"/> Guaranteed Student Loan (GSL) <input type="checkbox"/> National Direct Student Loan (NSL) </div> </div> <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%); font-size: 2em;">} Mark "175" on ISS</div>
30a. What kind of term system does . . . 's school use — semester, trimester, quarter, or something else?	1680	<input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter <input type="checkbox"/> Other <input checked="" type="checkbox"/> DK
b. How much was . . . 's total tuition and fees for the (semester/trimester/quarter/school term)? (Include all tuition and fees, even if paid completely or in part by the family, a scholarship or a loan.)	1682	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px; text-align: center;">00</div> </div> <input checked="" type="checkbox"/> DK
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R25</div> Is "Pell Grant (BEOG)" marked in item 29c?	1684	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R26
30c. What was the total amount of . . . 's Pell Grant (BEOG) for the (semester/trimester/quarter/school term)?	1686	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px; text-align: center;">00</div> </div> <input checked="" type="checkbox"/> DK
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R26</div> Is box 3, 4, 5 or 6 marked in 29c?	1688	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 32
31. What was the total amount of . . . 's (Read appropriate types of educational assistance) for the (semester/trimester/quarter/school term)?	1690	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px; text-align: center;">00</div> </div> <input checked="" type="checkbox"/> DK
32. Did . . . participate in the Federally funded work-study program at school at any time during the past 4 months?	1692	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R27</div> What is . . . 's marital status?	1694	<input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Other — SKIP to Check Item R28
ASK OR VERIFY — 33. Is . . . 's spouse in the Armed Forces?	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM R28</div> Are any income types, assets, "worked" or "other educational assistance" marked on the ISS?	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 35a
34a. You said that during the 4-month period . . . received income from — (Mention working or other educational assistance if appropriate and read income sources and assets from the ISS.) Is that correct?	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No — Probe and resolve (Make corrections to ISS if necessary)
b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?	1702	<input type="checkbox"/> Yes — SKIP to 35b <input type="checkbox"/> No — SKIP to Check Item E1
35a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item P1, page 43
b. What kind of income did . . . receive? Anything else?	Enter codes from income source list and mark ISS. <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="text-align: center;">1706</div> <div style="text-align: center;">1708</div> <div style="text-align: center;">1710</div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>	

Section 2 – EARNINGS AND EMPLOYMENT

CHECK ITEM E1	Is "Worked" marked on ISS?	1712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to First ISS Code marked or Check Item P1, page 43
a.	You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)	1714	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – SKIP to Statement B, page 16 3 <input type="checkbox"/> Both worked for employer and self-employed
b.	How many different employers did . . . work for during this 4-month period?	1716	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
CHECK ITEM E2	Is "Both worked for employer and self-employed" marked in 1a?	1718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a

STATEMENT A	. . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.
--------------------	---

Notes

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

2a. What is the name of the employer for whom ... worked during this 4-month period?

(If ... worked for more than one employer, enter the employer for whom ... worked the most hours during the 4-month period or the most recent employer.)

PGM 8 Employer Name

2000

**CHECK
ITEM E3**

Enter number "1" for this employer in box

PGM 8 Employer I.D. No.

2002

2b. What kind of business or industry was
(Name of company or business)?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

2004

c. ASK OR VERIFY —

Is it mainly —

PGM 8

2006

- 1 ☐ **Manufacturing?**
2 ☐ **Wholesale Trade?**
3 ☐ **Retail Trade?**
4 ☐ **Some other kind of business?**

d. What kind of work was ... doing on this job?

For example: Electrical engineer, stock clerk, typist, farmer

PGM 8

2008

e. What were ...'s main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2010

f. ASK OR VERIFY —

Was ... an employee of —

PGM 8

2012

- 1 ☐ **A private company or individual?**
2 ☐ **Federal government (exclude Armed Forces)?**
3 ☐ **State government?**
4 ☐ **Local government?**
5 ☐ **Armed Forces?**
6 ☐ **Unpaid in family business or farm? —**
SKIP to Check Item E5

3a. ASK OR VERIFY —

Was ... employed by (Name of employer) during the entire 4-month period?

PGM 7

2014

- 1 ☐ **Yes — SKIP to 4**
2 ☐ **No**

b. When was ... employed by (Name of employer) during this 4-month period?

FROM

2016

Month

2018

Day

TO

2020

Month

2022

Day

4. ASK OR VERIFY —

How many hours per week did ... usually work at this job?

2024

Hours

- x3 ☐ **None**
x1 ☐ **DK**

5. Was ... paid by the hour on this job?

2026

- 1 ☐ **Yes**
2 ☐ **No — SKIP to 7**

6. What was ...'s regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?

2028

\$

- x1 ☐ **DK**
x2 ☐ **Ref. — SKIP to Check Item E5**

7. During the 4-month period how often was ... paid on this job?

2030

- 1 ☐ **Once a week**
2 ☐ **Once each 2 weeks**
3 ☐ **Once a month**
4 ☐ **Twice a month**
5 ☐ **Some other way — Specify**

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES –
(Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2032

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2034

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2036

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2038

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM E4

Is "DK" marked in all parts of 8?

2040

1 ☐ Yes

2 ☐ No – SKIP to Check Item E5

9. (Information about how much . . . received each month is very important to the results of our survey.) If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months?

2042

1 ☐ Yes – Mark Reminder Card

2 ☐ No

CHECK ITEM E5

Number of employers in item 1b?

2044

1 ☐ 1 employer – SKIP to Check Item E8, page 15

2 ☐ 2 or more employers

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period?

(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)

PGM 8

Employer Name

2100

**CHECK
ITEM E6**

Enter number "2" for this employer in box →

PGM 6

Employer I.D. No.

2102

10b. What kind of business or industry was (Name of company or business)?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

2104

c. ASK OR VERIFY –

Is it mainly –

PGM 8

2106

- 1 ☐ **Manufacturing?**
2 ☐ **Wholesale Trade?**
3 ☐ **Retail Trade?**
4 ☐ **Some other kind of business?**

d. What kind of work was . . . doing on this job?

For example: Electrical engineer, stock clerk, typist, farmer

PGM 8

2108

e. What were . . . 's main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2110

f. ASK OR VERIFY –

Was . . . an employee of –

PGM 8

2112

- 1 ☐ **A private company or individual?**
2 ☐ **Federal government (exclude Armed Forces)?**
3 ☐ **State government?**
4 ☐ **Local government?**
5 ☐ **Armed Forces?**
6 ☐ **Unpaid in family business or farm? –**
SKIP to Check Item E8

11a. ASK OR VERIFY –

Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7

2114

- 1 ☐ **Yes – SKIP to 12**
2 ☐ **No**

b. When was . . . employed by (Name of employer) during this 4-month period?

FROM

2116

Month

2118

Day

TO

2120

Month

2122

Day

12. ASK OR VERIFY –

How many hours per week did . . . usually work at this job?

2124

Hours

- x3 ☐ **None**
x1 ☐ **DK**

13. Was . . . paid by the hour on this job?

2126

- 1 ☐ **Yes**
2 ☐ **No – SKIP to 15**

14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?

2128

\$

- x1 ☐ **DK**
x2 ☐ **Ref. – SKIP to Check Item E8**

15. During the 4-month period how often was . . . paid on this job?

2130

- 1 ☐ **Once a week**
2 ☐ **Once each 2 weeks**
3 ☐ **Once a month**
4 ☐ **Twice a month**
5 ☐ **Some other way – Specify**

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2134

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2136

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2138

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK
ITEM E7

Is "DK" marked in all parts of 16?

2140

1 ☐ Yes

2 ☐ No — SKIP to Check Item E8

17. (Information about how much . . . received each month is very important to the results of our survey.) If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months?

2142

1 ☐ Yes — Mark Reminder Card

2 ☐ No

CHECK
ITEM E8

Is "Both worked for employer and self-employed" marked in 1a, page 11.

2144

1 ☐ Yes — Read Statement B

2 ☐ No — SKIP to first ISS Code or Check Item P1, page 43

Section 2 — EARNINGS AND EMPLOYMENT (Continued)**Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1****STATEMENT B** You said . . . was (also) self-employed during this 4-month period.**a. What was the name of . . . 's business/professional practice/farm?**

PGM 8 Business name

2200

**CHECK
ITEM S1**Enter number "1" for this
business in box

PGM 8 Business I.D. No.

2202

b. What kind of business was this?

PGM 8

2204

ASK OR VERIFY —

c. Is it mainly —

PGM 8

2206

1 ☐ **Manufacturing?**2 ☐ **Wholesale Trade?**3 ☐ **Retail Trade?**4 ☐ **Some other kind of business?****d. What kind of work was . . . doing?**

PGM 8

2208

e. What were . . . 's most important activities or duties?

PGM 8

2210

ASK OR VERIFY —

f. How many hours per week did . . . usually work at this business?

PGM 7

2212

 Hoursx3 ☐ Nonex1 ☐ DK**2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?**

Gross earnings includes sales and receipts before expenses.

2214

1 ☐ Yes2 ☐ No — SKIP to 10x1 ☐ DK**CHECK
ITEM S2**Have questions 3 — 5b already been
answered for this business by another
household member?

2216

1 ☐ Yes — SKIP to 6a2 ☐ No**3. What was the total number of employees working for this business? Be sure to include . . .**

Enter 999 if more than 1,000 employees.

2218

 Employeesx1 ☐ DK**a. Was . . . 's business incorporated?**

2220

1 ☐ Yes — SKIP to 5a2 ☐ No**b. Was . . . 's business a sole proprietorship or a partnership?**

2222

1 ☐ Sole proprietorship — SKIP to 6a2 ☐ Partnership**a. Aside from . . . were any other members of this household owners or partners in this business?**

2224

1 ☐ Yes2 ☐ No — SKIP to 6a**b. Which members?**

Person No.

Name

2226

2228

2230

a. Was . . . paid a regular salary from this business during the 4-month period?

2232

1 ☐ Yes2 ☐ No**b. Did . . . receive any (other) income from the business during this 4-month period?**

2234

1 ☐ Yes2 ☐ No**CHECK
ITEM S3**

Is "Yes" marked in either item 6a or 6b?

2236

1 ☐ Yes2 ☐ No — SKIP to Check Item S5

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2238

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

2 MONTHS AGO

2240

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

3 MONTHS AGO

2242

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

4 MONTHS AGO

2244

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

CHECK
ITEM S4

Is "DK" marked in all parts of 7?

2246

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item S5

8. (Information about how much . . . received each month is very important to the results of our survey.) If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months?

2248

- 1 ☐ Yes — Mark Reminder Card
2 ☐ No

CHECK
ITEM S5

Refer to item 4a, page 16.
Is this business incorporated?

2250

- 1 ☐ Yes — SKIP to 11
2 ☐ No

CHECK
ITEM S6

Has information about the net profit (or loss) for this business already been obtained by another household member?

2252

- 1 ☐ Yes — SKIP to 11
2 ☐ No

9a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period shown on the calendar?

2254

- 1 ☐ Yes
2 ☐ No — SKIP to 11

b. What was the net profit (or loss) from this business during the 4-month period?

2256

\$. 00

2258

x4 ☐ Loss in amount box —
If "Broke even," mark \$1 in box.

SKIP to 11

10. About how much did . . . earn from this business after expenses during the 4-month period?

2260

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

2262

- 1 ☐ Yes
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 43

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

2a. What was the name of ...'s other business/ professional practice/farm?

PGM 8 Business name

2300

**CHECK
ITEM S7**

Enter number "2" for this business in box

PGM 8 Business I.D. No.

2302

2b. What kind of business was this?

PGM 8

2304

ASK OR VERIFY —
C. Is it mainly —

PGM 8

2306

- 1 ☐ **Manufacturing?**
2 ☐ **Wholesale Trade?**
3 ☐ **Retail Trade?**
4 ☐ **Some other kind of business?**

d. What kind of work was ... doing?

PGM 8

2308

e. What were ...'s most important activities or duties?

PGM 8

2310

f. How many hours per week did ... usually work at this business?

PGM 7

2312

Hours

- x3 ☐ None
x1 ☐ DK

13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

Gross earnings includes sales and receipts before expenses.

2314

- 1 ☐ Yes
2 ☐ No — *SKIP to 21*
x1 ☐ DK

**CHECK
ITEM S8**

Have questions 14 — 16b already been answered for this business by another household member?

2316

- 1 ☐ Yes — *SKIP to 17a*
2 ☐ No

14. What was the total number of employees working for this business? Be sure to include

Enter 999 if more than 1,000 employees.

2318

Employees

- x1 ☐ DK

5a. Was ...'s business incorporated?

2320

- 1 ☐ Yes — *SKIP to 16a*
2 ☐ No

b. Was ...'s business a sole proprietorship or a partnership?

2322

- 1 ☐ Sole proprietorship — *SKIP to 17a*
2 ☐ Partnership

6a. Aside from ... were any other members of this household owners or partners in this business?

2324

- 1 ☐ Yes
2 ☐ No — *SKIP to 17a*

b. Which members?

Person No.

Name

2326

2328

2330

7a. Was ... paid a regular salary from this business during the 4-month period?

2332

- 1 ☐ Yes
2 ☐ No

b. Did ... receive any (other) income from the business during this 4-month period?

2334

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM S9**

Is "Yes" marked in either item 17a or 17b?

2336

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item S11*

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2338

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

2 MONTHS AGO

2340

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

3 MONTHS AGO

2342

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

4 MONTHS AGO

2344

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

CHECK
ITEM S10

Is "DK" marked in all parts of 18?

2346

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item S11

19. (Information about how much . . . received each month is very important to the results of our survey.) If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months?

2348

- 1 ☐ Yes — Mark Reminder Card
2 ☐ No

CHECK
ITEM S11

Refer to item 15a, page 18.
Is this business incorporated?

2350

- 1 ☐ Yes — SKIP to to first ISS Code or Check Item P1, page 43
2 ☐ No

CHECK
ITEM S12

Has information about the net profit (or loss) for this business already been obtained by another household member?

2352

- 1 ☐ Yes — SKIP to to first ISS Code or Check Item P1, page 43
2 ☐ No

20a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period shown on the calendar?

2354

- 1 ☐ Yes
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 43

b. What was the net profit (or loss) from this business during the 4-month period?

2356

\$. 00

2358

- x4 ☐ Loss in amount box —
If "Broke even," mark \$1 in box.

SKIP to first
ISS Code or
Check Item
P1, page 43

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

SKIP to first
ISS Code or
Check Item
P1, page 43

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

3000

**CHECK
ITEM A1**

Mark (X) income type code.

3002

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 22
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 22
4 ☐ Other ISS codes – SKIP to 5a

**CHECK
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

3004

- 1 ☐ Yes
2 ☐ No – SKIP Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3006

- 1 ☐ Yes
2 ☐ No – SKIP Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3008

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

**CHECK
ITEM A3**

Is . . . married?

3010

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3012

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3014

- 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 43
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.

Last month

3016

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3018

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3020

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3022

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3026

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3028

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3030

\$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

3032

- 1 ☐ ISS code 1 or 2 – SKIP to 8
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code or Check Item P1, page 43

5a. Were all the people living here covered by . . . 's payments?

3034

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

	Person No.	Name
3036	<input type="text"/>	<input type="text"/>
3038	<input type="text"/>	<input type="text"/>
3040	<input type="text"/>	<input type="text"/>
3042	<input type="text"/>	<input type="text"/>
3044	<input type="text"/>	<input type="text"/>
3046	<input type="text"/>	<input type="text"/>
3048	<input type="text"/>	<input type="text"/>
3050	<input type="text"/>	<input type="text"/>
3052	<input type="text"/>	<input type="text"/>
3054	<input type="text"/>	<input type="text"/>

CHECK ITEM A6

Is this ISS code "8"?

3056 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3060 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3064 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3066 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A7

Refer to item 2, page 20.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3068 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3074 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3078 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3082 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3072 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3076 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3080 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3084 \$. 00
x1 ☐ DK
x2 ☐ Ref.

11a. Were all children living here covered by these payments?

VERIFY IF ONLY ONE CHILD OR ASK —

3086 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 43
2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

11b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<input type="text"/>
3090	<input type="text"/>	<input type="text"/>
3092	<input type="text"/>	<input type="text"/>
3094	<input type="text"/>	<input type="text"/>
3096	<input type="text"/>	<input type="text"/>
3098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

12a. Were all the people living here covered under ...'s food stamp allotment?

3100 1 ☐ Yes – SKIP to 13a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>
3118	<input type="text"/>	<input type="text"/>
3120	<input type="text"/>	<input type="text"/>

13a. Did ... receive food stamps in (Read each month)?

Last month

3122 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3126 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3130 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3134 1 ☐ Yes
2 ☐ No
x1 ☐ DK

13b. If "Yes" in 13a, ask – What was the total amount?

3124 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3128 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3132 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3136 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)?

Mark (X) all that apply.

3138 1 ☐ Last month
3140 2 ☐ 2 months ago
3142 3 ☐ 3 months ago
3144 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 43

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.		Income code 3200 <input type="text"/>	Name of income type <input type="text"/>
CHECK ITEM A1	Mark (X) income type code.	3202	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 14, page 25 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 25 4 <input type="checkbox"/> Other ISS codes – SKIP to 5a
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3204	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?		3206	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		3208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
CHECK ITEM A3	Is . . . married?	3210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?		3212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	3214	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.	
Last month		3216	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago		3220	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3 months ago		3224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
4 months ago		3228	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM A5		3232	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43
6a. Were all the people living here covered by . . . 's payments?		3234	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
NOTES			

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

b. Which persons were covered?

	Person No.	Name
3236	<input type="text"/>	<input type="text"/>
3238	<input type="text"/>	<input type="text"/>
3240	<input type="text"/>	<input type="text"/>
3242	<input type="text"/>	<input type="text"/>
3244	<input type="text"/>	<input type="text"/>
3246	<input type="text"/>	<input type="text"/>
3248	<input type="text"/>	<input type="text"/>
3250	<input type="text"/>	<input type="text"/>
3252	<input type="text"/>	<input type="text"/>
3254	<input type="text"/>	<input type="text"/>

HECK
EM A6

Is this ISS code "8"?

3256 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3260 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3264 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3266 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

HECK
EM A7

Refer to item 2, page 23.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3268 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3270 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3274 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3278 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3282 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3272 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3276 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3280 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3284 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

1a. Were all children living here covered by these payments?

3286 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 43
2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

11b. Which children were covered?

Person No.	Name
3288	
3290	
3292	
3294	
3296	
3298	

SKIP to next ISS Code or Check Item P1, page 43

12a. Were all the people living here covered under ...'s food stamp allotment?

3300 1 ☐ Yes – SKIP to 13a
2 ☐ No

b. Which persons were covered?

Person No.	Name
3302	
3304	
3306	
3308	
3310	
3312	
3314	
3316	
3318	
3320	

13a. Did ... receive food stamps in (Read each month)?

Last month

3322 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3326 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3330 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3334 1 ☐ Yes
2 ☐ No
x1 ☐ DK

13b. If "Yes" in 13a, ask – What was the total amount?

3324 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3328 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3332 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3336 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)? Mark (X) all that apply.

3338 1 ☐ Last month
3340 2 ☐ 2 months ago
3342 3 ☐ 3 months ago
3344 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 43

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

3400

CHECK
ITEM A1

Mark (X) income type code.

3402

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) — SKIP to 14, page 28
3 ☐ ISS code 27 (Food Stamps) — SKIP to 12a, page 28
4 ☐ Other ISS codes — SKIP to 5a

CHECK
ITEM A2

Refer to cc item 27.
Is . . . a designated parent, or guardian of children under age 18?

3404

- 1 ☐ Yes
2 ☐ No — SKIP Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3406

- 1 ☐ Yes
2 ☐ No — SKIP Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3408

- 1 ☐ Yes
2 ☐ No — SKIP to 10a

CHECK
ITEM A3

Is . . . married?

3410

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3412

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

CHECK
ITEM A4

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3414

- 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 43
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

Last month

3416

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3420

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3424

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3428

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.

3418

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3422

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3426

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3430

\$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK
ITEM A5

Mark (X) income type code.

3432

- 1 ☐ ISS code 1 or 2 — SKIP to 8
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes — SKIP to next ISS Code or Check Item P1, page 43

5a. Were all the people living here covered by . . . 's payments?

3434

- 1 ☐ Yes — SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?

Person No.

Name

3436

3438

3440

3442

3444

3446

3448

3450

3452

3454

CHECK
ITEM A6

Is this ISS code "8"?

3456

1 ☐ Yes

2 ☐ No – SKIP to next ISS Code or Check Item P1, page 43

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

3460

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

3464

1 ☐ Green

2 ☐ Gold

3 ☐ Other

x1 ☐ DK

9. Do . . . 's payments usually come on the first of the month or the third?

3466

1 ☐ First

2 ☐ Third

3 ☐ Other

x1 ☐ DK

CHECK
ITEM A7

Refer to item 2, page 26.

Were (Social Security/Railroad Retirement) payments received especially for the children?

3468

1 ☐ Yes

2 ☐ No – SKIP to next ISS Code or Check Item P1, page 43

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3470

1 ☐ Yes

2 ☐ No

x1 ☐ DK

2 months ago

3474

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3 months ago

3478

1 ☐ Yes

2 ☐ No

x1 ☐ DK

4 months ago

3482

1 ☐ Yes

2 ☐ No

x1 ☐ DK

10b. If "Yes" in 10a – How much was received?

3472

\$

. 00

x1 ☐ DK

x2 ☐ Ref.

3476

\$

. 00

x1 ☐ DK

x2 ☐ Ref.

3480

\$

. 00

x1 ☐ DK

x2 ☐ Ref.

3484

\$

. 00

x1 ☐ DK

x2 ☐ Ref.

11a. Were all children living here covered by these payments?

VERIFY IF ONLY ONE CHILD OR ASK –

3486

1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 43

2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

1b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

2a. Were all the people living here covered under ...'s food stamp allotment?

3500 1 ☐ Yes — SKIP to 13a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>
3518	<input type="text"/>	<input type="text"/>
3520	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask —
What was the total amount?

Last month

3522 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3524 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3526 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3528 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3530 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3532 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3534 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3536 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)?

Mark (X) all that apply.

3538 1 ☐ Last month
3540 2 ☐ 2 months ago
3542 3 ☐ 3 months ago
3544 4 ☐ 4 months ago

SKIP to next ISS Code or
Check Item P1, page 43

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.		Income code 3600	Name of income type
CHECK ITEM A1	Mark (X) income type code.	3602	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 14, page 31 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 12a, page 31 4 <input type="checkbox"/> Other ISS codes – SKIP to 5a
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3604	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?		3606	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		3608	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
CHECK ITEM A3	Is . . . married?	3610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?		3612	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	3614	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.	
Last month		3616	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago		3620	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago		3624	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago		3628	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5	Mark (X) income type code.	3632	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43
6a. Were all the people living here covered by . . . 's payments?		3634	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?

	Person No.	Name
3636	<input type="text"/>	<input type="text"/>
3638	<input type="text"/>	<input type="text"/>
3640	<input type="text"/>	<input type="text"/>
3642	<input type="text"/>	<input type="text"/>
3644	<input type="text"/>	<input type="text"/>
3646	<input type="text"/>	<input type="text"/>
3648	<input type="text"/>	<input type="text"/>
3650	<input type="text"/>	<input type="text"/>
3652	<input type="text"/>	<input type="text"/>
3654	<input type="text"/>	<input type="text"/>

CHECK ITEM A6

Is this ISS code "8"?

3656 1 ☐ Yes
2 ☐ No – SKIP to next ISS Code or Check Item P1, page 43

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

3660 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

3664 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do . . . 's payments usually come on the first of the month or the third?

3666 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A7

Refer to item 2, page 29.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3668 1 ☐ Yes
2 ☐ No – SKIP to next ISS Code or Check Item P1, page 43

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

10b. If "Yes" in 10a – How much was received?

Last month 3670 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3672 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago 3674 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3676 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago 3678 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3680 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago 3682 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3684 \$. 00
x1 ☐ DK
x2 ☐ Ref.

1a. Were all children living here covered by these payments?

VERIFY IF ONLY ONE CHILD OR ASK –

3686 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 43
2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

11b. Which children were covered?

	Person No.	Name
3688	<input type="text"/>	<input type="text"/>
3690	<input type="text"/>	<input type="text"/>
3692	<input type="text"/>	<input type="text"/>
3694	<input type="text"/>	<input type="text"/>
3696	<input type="text"/>	<input type="text"/>
3698	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

12a. Were all the people living here covered under ...'s food stamp allotment?

3700 1 ☐ Yes — SKIP to 13a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3702	<input type="text"/>	<input type="text"/>
3704	<input type="text"/>	<input type="text"/>
3706	<input type="text"/>	<input type="text"/>
3708	<input type="text"/>	<input type="text"/>
3710	<input type="text"/>	<input type="text"/>
3712	<input type="text"/>	<input type="text"/>
3714	<input type="text"/>	<input type="text"/>
3716	<input type="text"/>	<input type="text"/>
3718	<input type="text"/>	<input type="text"/>
3720	<input type="text"/>	<input type="text"/>

13a. Did ... receive food stamps in (Read each month)?

Last month

3722 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3726 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3730 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3734 1 ☐ Yes
2 ☐ No
x1 ☐ DK

13b. If "Yes" in 13a, ask — What was the total amount?

3724 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3728 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3732 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3736 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)?

Mark (X) all that apply.

3738 1 ☐ Last month
3740 2 ☐ 2 months ago
3742 3 ☐ 3 months ago
3744 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 43

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

3800

CHECK
ITEM A1

Mark (X) income type code.

3802

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) — SKIP to 14, page 34
3 ☐ ISS code 27 (Food Stamps) — SKIP to 12a, page 34
4 ☐ Other ISS codes — SKIP to 5a

CHECK
ITEM A2

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

3804

- 1 ☐ Yes
2 ☐ No — SKIP Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3806

- 1 ☐ Yes
2 ☐ No — SKIP Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3808

- 1 ☐ Yes
2 ☐ No — SKIP to 10a

CHECK
ITEM A3

Is . . . married?

3810

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3812

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

CHECK
ITEM A4

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3814

- 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 43
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.

Last month

3816

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3818

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3820

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3822

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3824

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3826

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3828

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3830

\$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK
ITEM A5

Mark (X) income type code.

3832

- 1 ☐ ISS code 1 or 2 — SKIP to 8
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes — SKIP to next ISS Code or Check Item P1, page 43

5a. Were all the people living here covered by . . . 's payments?

3834

- 1 ☐ Yes — SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No.

Name

3836

3838

3840

3842

3844

3846

3848

3850

3852

3854

**CHECK
ITEM A6**

Is this ISS code "8"?

3856

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3860

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3864

1 ☐ Green

2 ☐ Gold

3 ☐ Other

x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3866

1 ☐ First

2 ☐ Third

3 ☐ Other

x1 ☐ DK

**CHECK
ITEM A7**

Refer to item 2, page 32.

Were (Social Security/Railroad Retirement) payments received especially for the children?

3868

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3870

1 ☐ Yes

2 ☐ No

x1 ☐ DK

2 months ago

3874

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3 months ago

3878

1 ☐ Yes

2 ☐ No

x1 ☐ DK

4 months ago

3882

1 ☐ Yes

2 ☐ No

x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3872

\$

00

x1 ☐ DK

x2 ☐ Ref.

3876

\$

00

x1 ☐ DK

x2 ☐ Ref.

3880

\$

00

x1 ☐ DK

x2 ☐ Ref.

3884

\$

00

x1 ☐ DK

x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

11a. Were all children living here covered by these payments?

3886

1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 43

2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

1b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

2a. Were all the people living here covered under ...'s food stamp allotment?

3900 1 ☐ Yes – SKIP to 13a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>
3918	<input type="text"/>	<input type="text"/>
3920	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3922 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3924 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3926 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3928 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3930 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3932 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3934 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3936 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)?
Mark (X) all that apply.

3938 1 ☐ Last month
3940 2 ☐ 2 months ago
3942 3 ☐ 3 months ago
3944 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 43

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

4000

**CHECK
ITEM A1**

Mark (X) income type code.

4002

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) — SKIP to 14, page 37
3 ☐ ISS code 27 (Food Stamps) — SKIP to 12a, page 37
4 ☐ Other ISS codes — SKIP to 5a

**CHECK
ITEM A2**

Refer to cc item 27.
Is . . . a designated parent, or guardian
of children under age 18?

4004

- 1 ☐ Yes
2 ☐ No — SKIP Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

4006

- 1 ☐ Yes
2 ☐ No — SKIP Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

4008

- 1 ☐ Yes
2 ☐ No — SKIP to 10a

**CHECK
ITEM A3**

Is . . . married?

4010

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

4012

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received
by . . . from the income source entered in 1
already been recorded during an interview
for . . . 's spouse?

4014

- 1 ☐ Yes — SKIP to next ISS Code or Check Item
P1, page 43
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.

Last month

4016

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4018

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

4020

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4022

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

4024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4026

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

4028

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4030

\$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

4032

- 1 ☐ ISS code 1 or 2 — SKIP to 8
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes — SKIP to next ISS Code or Check Item P1, page 43

6a. Were all the people living here covered by . . . 's payments?

4034

- 1 ☐ Yes — SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?

	Person No.	Name
4036	<input type="text"/>	<input type="text"/>
4038	<input type="text"/>	<input type="text"/>
4040	<input type="text"/>	<input type="text"/>
4042	<input type="text"/>	<input type="text"/>
4044	<input type="text"/>	<input type="text"/>
4046	<input type="text"/>	<input type="text"/>
4048	<input type="text"/>	<input type="text"/>
4050	<input type="text"/>	<input type="text"/>
4052	<input type="text"/>	<input type="text"/>
4054	<input type="text"/>	<input type="text"/>

CHECK
ITEM A6

Is this ISS code "8"?

4056 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

4060 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 43

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

4064 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

4066 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK
ITEM A7

Refer to item 2, page 35.
Were (Social Security/Railroad Retirement) payments received especially for the children?

4068 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

0a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

10b. If "Yes" in 10a — How much was received?

Last month

4070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4072 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

4074 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4076 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

4078 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4080 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

4082 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4084 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

4086 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 43
2 ☐ No

1a. Were all children living here covered by these payments?

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

11b. Which children were covered?

	Person No.	Name
4088	<input type="text"/>	<input type="text"/>
4090	<input type="text"/>	<input type="text"/>
4092	<input type="text"/>	<input type="text"/>
4094	<input type="text"/>	<input type="text"/>
4096	<input type="text"/>	<input type="text"/>
4098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 43

12a. Were all the people living here covered under ...'s food stamp allotment?

4100 1 ☐ Yes — SKIP to 13a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
4102	<input type="text"/>	<input type="text"/>
4104	<input type="text"/>	<input type="text"/>
4106	<input type="text"/>	<input type="text"/>
4108	<input type="text"/>	<input type="text"/>
4110	<input type="text"/>	<input type="text"/>
4112	<input type="text"/>	<input type="text"/>
4114	<input type="text"/>	<input type="text"/>
4116	<input type="text"/>	<input type="text"/>
4118	<input type="text"/>	<input type="text"/>
4120	<input type="text"/>	<input type="text"/>

13a. Did ... receive food stamps in (Read each month)?

Last month

4122 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

4126 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

4130 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

4134 1 ☐ Yes
2 ☐ No
x1 ☐ DK

13b. If "Yes" in 13a, ask — What was the total amount?

4124 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4128 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4132 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4136 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 43

14. Did ... receive any WIC vouchers in (Read each month)?

Mark (X) all that apply.

4138 1 ☐ Last month
4140 2 ☐ 2 months ago
4142 3 ☐ 3 months ago
4144 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 43

Section 3 — AMOUNTS (Continued)

Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND NOW ACCOUNTS (ISS Codes 100, 101, 102 and 103)

**CHECK
ITEM A8**

Asset types owned.
Mark (X) all that apply.

4300

1 ☐ ISS Code 100 — Regular/Passbook Savings Accounts

4302

2 ☐ ISS Code 101 — Money Market Deposit Accounts

4304

3 ☐ ISS Code 102 — Certificates of Deposit or other Savings Certificates

4306

4 ☐ ISS Code 103 — NOW, Super NOW or other interest earning checking accounts

1. Earlier you said that . . . had (Read names of owned assets).

**CHECK
ITEM A9**

Interview status of . . . 's spouse.

4308

1 ☐ No spouse in household — *SKIP to 3b*

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted — *SKIP to 3a*

a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4310

1 ☐ Yes

2 ☐ No — *SKIP to 3b*

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4312

\$. 00 — *SKIP to 3a*

x1 ☐ DK

x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?

4314

\$. 00 — *SKIP to 3a*

x1 ☐ DK

x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the average amount?

4316

1 ☐ Yes — *Mark Reminder Card*

2 ☐ No

a. Besides the (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any of these in . . . 's own name?

4318

1 ☐ Yes

2 ☐ No — *SKIP to next ISS Code or Check Item P1, page 43*

b. What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?

4320

\$. 00 — *SKIP to next ISS Code or Check Item P1, page 43*

x1 ☐ DK

x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*

c. What is your best estimate of the average amount that . . . had in . . . 's (Read asset types) during the 4-month period?

4322

\$. 00 — *SKIP to next ISS Code or Check Item P1, page 43*

x1 ☐ DK

x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the average amount?

4324

1 ☐ Yes — *Mark Reminder Card*

2 ☐ No

} *SKIP to next ISS Code or Check Item P1, page 43*

otes

Section 3 — AMOUNTS (Continued)

Part C — OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)

**CHECK
ITEM A10**

Asset types owned.
Mark (X) all that apply.

- 4400 1 ☐ Money Market funds (104)
4402 2 ☐ U.S. Government securities (105)
4404 3 ☐ Municipal or corporate bonds (106)
4406 4 ☐ Other interest-earning assets (107) — Specify ↓

1. Earlier you said that ... owned (Read names of owned assets).

**CHECK
ITEM A11**

Interview status of ...'s spouse.

- 4408 1 ☐ No spouse in household — SKIP to 3b
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — SKIP to 3a

2a. Did ... own any of these jointly with ...'s (husband/wife)?

- 4410 1 ☐ Yes
2 ☐ No — SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4412 \$. 00 — SKIP to 3a

- x1 ☐ DK
x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 43

c. What is your best estimate of the average amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★

4414 \$. 00 — SKIP to 3a

- x1 ☐ DK
x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 43

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the average amount?

- 4416 1 ☐ Yes — Mark Reminder Card
2 ☐ No

3a. Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... own any of these in ...'s own name?

- 4418 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

b. What is your best estimate of the total amount of interest earned on ...'s (Read asset types) during the 4-month period?

4420 \$. 00 — SKIP to next ISS Code or Check Item P1, page 43

- x1 ☐ DK
x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 43

c. What is your best estimate of the average amount that ... had in ...'s (Read asset types) during the 4-month period? ★

4422 \$. 00 — SKIP to next ISS Code or Check Item P1, page 43

- x1 ☐ DK
x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 43

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the average amount?

- 4424 1 ☐ Yes — Mark Reminder Card
2 ☐ No } SKIP to next ISS Code or Check Item P1, page 43

Notes

Section 3 — AMOUNTS (Continued)

Part D — STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

1 a. Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)

4500

- 1 ☐ Yes
2 ☐ No — SKIP to 3a

**CHECK
ITEM A12**

Interview status of . . . 's spouse.

4502

- 1 ☐ No spouse in household — SKIP to 2a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — SKIP to 2a

1 b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?

4504

\$. 00 — SKIP to 2a

- x3 ☐ None — SKIP to 2a
x1 ☐ DK
x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 43

c. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?

4506

- 1 ☐ Yes — Mark Reminder Card
2 ☐ No

2 a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?

4508

\$. 00 — SKIP to 3a

- x3 ☐ None — SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 43

b. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?

4510

- 1 ☐ Yes — Mark Reminder Card
2 ☐ No

3 a. (Besides the money that . . . received in dividends) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?

4512

- 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 43

**CHECK
ITEM A13**

Interview status of . . . 's spouse.

4514

- 1 ☐ No spouse in household — SKIP to 3c
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — SKIP to 3c

3 b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?

4516

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 43

c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?

4518

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 43

Notes

Section 3 — AMOUNTS (Continued)

Part E — RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

**CHECK
ITEM A14**

Interview status of . . . 's spouse.

4600

- 1 ☐ No spouse in household — *SKIP to 3a*
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?

Include only property owned entirely by couple.

4602

- 1 ☐ Yes
2 ☐ No — *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*

c. What is your best estimate of the amount that was cleared after expenses?

Enter \$1 in amount box if respondent reports "broke even."

4606

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*
4608 x4 ☐ Lost money — *Enter amount of loss in box*

3a. Did . . . receive rental income from property owned entirely in . . . 's own name?

4610

- 1 ☐ Yes
2 ☐ No — *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

4612

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*

c. What is your best estimate of the amount that was cleared after expenses?

Enter \$1 in amount box if respondent reports "broke even."

4614

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 43*
4616 x4 ☐ Lost money — *Enter amount of loss in box*

a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)

4618

- 1 ☐ Yes
2 ☐ No — *SKIP to next ISS code or Check Item P1, page 43*

b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?

Enter \$1 in amount box if respondent reports "broke even."

4620

\$. 00

- x1 ☐ DK
x2 ☐ Ref.
4622 x4 ☐ Lost money — *Enter amount of loss in box*

SKIP to next ISS Code or Check Item P1, page 43

Notes

Section 3. — AMOUNTS (Continued)

Part F — MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

**CHECK
ITEM A15**

Asset types owned.
Mark (X) all that apply.

4700

1 ☐ ISS Code 130 — Mortgages

4702

2 ☐ ISS Code 140 — Royalties

4704

3 ☐ ISS Code 150 — Other financial investments

**CHECK
ITEM A16**

Is ISS Code 130 marked in Check
Item A15?

4706

1 ☐ Yes

2 ☐ No — SKIP to 3

**CHECK
ITEM A17**

Interview status of ...'s spouse.

4708

1 ☐ No spouse in household — SKIP to 2b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted — SKIP
to 2a

**1a. Earlier you said ... held a mortgage. Did ... own
this jointly with ...'s spouse?**

4710

1 ☐ Yes

2 ☐ No — SKIP to 2b

**b. During the past 4 months how much interest was
paid to ... and ...'s spouse by the borrower?**

4712

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

**2a. Besides these jointly held mortgages, did ... hold
any mortgages in ...'s own name?**

4714

1 ☐ Yes

2 ☐ No — SKIP to Check Item A18

**b. (Earlier you said that ... held a mortgage.) During
the past 4 months how much interest was paid to
... by the borrower?**

4716

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

**CHECK
ITEM A18**

Is ISS Code 140 or 150 marked in
Check Item A15?

4718

1 ☐ Yes

2 ☐ No — SKIP to Check Item P1

**3. Earlier you said ... had (Read asset types). During
the past 4 months, how much income did ...
receive from these (Read asset types)?**

If income was shared, count only ...'s share.

4720

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

4722

x4 ☐ Lost money — Enter amount of loss in box

Notes

Section 4 — PROGRAM QUESTIONS

HECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item C1, page 47</i>
HECK ITEM P2	Refer to Control Card Item 16a. Is this residence owned by the local housing authority? ("Yes" marked in cc item 16a)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item P3</i>
. What is your monthly rent?		4804	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin-left: 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>		4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
HECK ITEM P3	Refer to Control Card Item 16b. Is rent lower because government pays part of the cost? ("Yes" marked in cc item 16b)	4808	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3a</i>
. What is your monthly rent?		4810	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin-left: 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>		4812	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
. What would the monthly rent be on this unit if the government were not paying part of the cost?		4814	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin-left: 5px;">00</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK </div>
. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item P4</i>
. Was this assistance received in the form of checks, coupons or vouchers sent to this household or were the payments sent directly to a utility company, fuel dealer, or landlord? <i>Mark (X) all that apply.</i>		4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
. What was the total amount of the energy assistance received by this household during the past 4 months?		4824	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin-left: 5px;">00</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK </div>
HECK ITEM P4	Are there any children 5 to 18 who live in the household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item C1, page 47</i>
. Do any of the children in this household usually eat a complete hot lunch offered at school?		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item C1, page 47</i>
. How many children?		4830	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Children</div> </div>
. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?		4832	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4f</i>
. How many children?		4834	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Children</div> </div>
. Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>		4836 4838	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
. Do any of the children receive free or reduced-price school breakfasts this school year?		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item C1, page 47</i>
. How many children?		4842	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Children</div> </div>
. Are the breakfasts free or are they reduced-price? <i>Mark (X) all that apply.</i>		4844 4846	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price

FORM **SIPP-4900**
(11-19-85)U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION****1984 PANEL
WAVE 9 QUESTIONNAIRE****NOTICE** — Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

P G M 6	1. Book _____ of _____	2. (cc 1) R.O. code ____	3a. (cc 2) PSU Segment Serial ____	b. (cc 3) Add. ID ____
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4. (cc 17) a. Entry Add. ID ____	c. Name (cc 19a) Last _____ First, middle _____ Maiden _____
--	--

5. PERSON CHARACTERISTICS — Fill a, b, c, and d using the control card			
a. Relationship code (cc 19b) ____	b. Date of birth (cc 24) Month Day Year ____	c. Sex code (cc 28) ____	d. Marital status code (cc 26a) ____

6. Interviewer identification	
Code ____	Name _____

7. PERSON INTERVIEW STATUS**a. Interview**

- 1 ☐ Self — *SKIP to 8*
2 ☐ Proxy — *Fill 7b*

b. Person number of proxy____ — *SKIP to 8***c. Noninterview**

- 1 ☐ Type Z refusal
2 ☐ Type Z other

8. Date of interview for this person____ Month ____ Day } *Fill start time in 9a, then go to Introduction***9a. Interview time for this person**

	Initial visit	Callback visit
Start time →	a.m. _____	a.m. _____
	p.m. _____	p.m. _____
Finish time →	a.m. _____	a.m. _____
	p.m. _____	p.m. _____

b. Total interview time for this person

____ Minutes

10a. Interviewer time for clerical review

Start time →	a.m. _____
	p.m. _____
Finish time →	a.m. _____
	p.m. _____

b. Total interviewer time for clerical review

____ Minutes

11a. Pre-interview transcription time

Start time →	a.m. _____
	p.m. _____
Finish time →	a.m. _____
	p.m. _____

b. Total pre-interview time for transcription

____ Minutes

12. 1 ☐ Phone interview — *Specify reason***CHECK
ITEM N1**

Does ...'s person number begin with "9"?

PGM 7**0900**

- 1 ☐ Yes
2 ☐ No — *SKIP to section 1, item 1*

**CHECK
ITEM N2**

Was ... missed when household members were listed for wave 1?

0901

- 1 ☐ Yes — *SKIP to section 1, item 1*
2 ☐ No

MONTH OF INTERVIEW

REFERENCE DATE

April 1986	December 1, 1983
May 1986	January 1, 1984
June 1986	October 1, 1983
July 1986	November 1, 1983

13a. We need to know where ... was living on (Read appropriate reference date). Was ... living in any of the kinds of places listed on this card (Show Flashcard U)?**0902**

- 1 ☐ Yes x1 ☐ DK } *SKIP to 14*
2 ☐ No — *SKIP to 14* x2 ☐ Ref.

ASK OR VERIFY —

b. Which code on this card represents the kind of place ... was living in on (Read appropriate reference date)?**0904**

- 1 ☐ Armed Forces barracks } *SKIP to section 1, item 1*
2 ☐ Outside the United States
3 ☐ Nonhousehold setting

14. Was ... living alone on (Read appropriate reference date)?**0906**

- 1 ☐ Yes — *SKIP to section 1, item 1* 2 ☐ No

15. How many people was ... living with on (Read appropriate reference date)?**0908**

____ Enter number of persons

16. Was ... the owner or renter of the residence where ... was living on (Read appropriate reference date)?**0910**

- 1 ☐ Yes — *SKIP to section 1, item 1* 2 ☐ No

17. How is ... related to the person who owned or rented the residence where ... was living on (Read appropriate reference date)?**0912**

- | | |
|--|---|
| 1 <input type="checkbox"/> Husband | 4 <input type="checkbox"/> Parent |
| 2 <input type="checkbox"/> Wife | 5 <input type="checkbox"/> Brother/Sister |
| 3 <input type="checkbox"/> Own child (son or daughter) | 6 <input type="checkbox"/> Other relative |
| | 7 <input type="checkbox"/> Non-relative |

INTRODUCTION**INTERVIEWER INSTRUCTIONS** — Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

(As I described during my last visit) This survey is about the economic situation of people living in the United States. Most of the questions will be about ...'s activities during _____, _____, and _____.

Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J.) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here. (GO TO CHECK ITEM N1.)

Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J) 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days? <i>Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.</i>		PGM 7 1000	1 <input type="checkbox"/> Yes — Mark "Worked" (code 170) on ISS and SKIP to 4 2 <input type="checkbox"/> No																																							
2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?		1002	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a																																							
b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? <i>Mark (X) all that apply.</i>		1004	x5 <input type="checkbox"/> ALL <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1006</td><td style="text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="text-align: center;">1008</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;">1010</td><td style="text-align: center;"><input type="checkbox"/> 3</td></tr> <tr><td style="text-align: center;">1012</td><td style="text-align: center;"><input type="checkbox"/> 4</td></tr> <tr><td style="text-align: center;">1014</td><td style="text-align: center;"><input type="checkbox"/> 5</td></tr> <tr><td style="text-align: center;">1016</td><td style="text-align: center;"><input type="checkbox"/> 6</td></tr> </table> </td> <td style="width: 33%; 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c. Could . . . have taken a job during any of those weeks if one had been offered?		1042	1 <input type="checkbox"/> Yes — SKIP to Check Item R1 2 <input type="checkbox"/> No																																							
d. What was the main reason . . . could not take a job during those weeks? <i>Mark (X) only one.</i>		1044	1 <input type="checkbox"/> Already had a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> School 4 <input type="checkbox"/> Other — Specify _____																																							
CHECK ITEM R1 Refer to item 2b. Is the "ALL" box marked in 2b?		1046	1 <input type="checkbox"/> Yes — SKIP to 9a, page 4 2 <input type="checkbox"/> No — SKIP to 3b																																							
3a. Were there any weeks in the 4-month period when . . . wanted a job?		1048	1 <input type="checkbox"/> Yes — SKIP to 3c 2 <input type="checkbox"/> No — SKIP to Check Item R6, page 4																																							
b. I have recorded that there were weeks that . . . did not work or look for work. Did . . . want a job in those weeks?		1050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a, page 4																																							
c. Could . . . have taken a job in those weeks if one had been offered?		1052	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a, page 4																																							
d. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking? <i>Mark (X) only one.</i>		1054	<table style="width: 100%; border: none;"> <tr><td style="width: 33%;">1 <input type="checkbox"/> Believes no work available in line of work or area</td><td rowspan="11" style="width: 5%; text-align: center; vertical-align: middle;">}</td><td rowspan="11" style="width: 10%; text-align: center; vertical-align: middle;">SKIP to 9a, page 4</td></tr> <tr><td>2 <input type="checkbox"/> Couldn't find any work</td></tr> <tr><td>3 <input type="checkbox"/> Lacks necessary schooling, training, skills, or experience</td></tr> <tr><td>4 <input type="checkbox"/> Employers think too young or too old</td></tr> <tr><td>5 <input type="checkbox"/> Other personal handicap in finding job</td></tr> <tr><td>6 <input type="checkbox"/> Can't arrange child care</td></tr> <tr><td>7 <input type="checkbox"/> Family responsibilities</td></tr> <tr><td>8 <input type="checkbox"/> In school or other training</td></tr> <tr><td>9 <input type="checkbox"/> Ill health, physical disability</td></tr> <tr><td>10 <input type="checkbox"/> Other — Specify _____</td></tr> <tr><td>x1 <input type="checkbox"/> DK</td></tr> </table>	1 <input type="checkbox"/> Believes no work available in line of work or area	}	SKIP to 9a, page 4	2 <input type="checkbox"/> Couldn't find any work	3 <input type="checkbox"/> Lacks necessary schooling, training, skills, or experience	4 <input type="checkbox"/> Employers think too young or too old	5 <input type="checkbox"/> Other personal handicap in finding job	6 <input type="checkbox"/> Can't arrange child care	7 <input type="checkbox"/> Family responsibilities	8 <input type="checkbox"/> In school or other training	9 <input type="checkbox"/> Ill health, physical disability	10 <input type="checkbox"/> Other — Specify _____	x1 <input type="checkbox"/> DK																										
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x1 <input type="checkbox"/> DK																																										
4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period? <i>Note that the person did not have to work each week.</i>		1056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a																																							
5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?		1058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a, page 4																																							
b. Please look at the calendar. In which weeks was . . . absent without pay? <i>Mark (X) all that apply.</i>		1060	x5 <input type="checkbox"/> ALL <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1062</td><td style="text-align: center;"><input type="checkbox"/> 1</td></tr> <tr><td style="text-align: center;">1064</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;">1066</td><td style="text-align: center;"><input type="checkbox"/> 3</td></tr> <tr><td style="text-align: center;">1068</td><td style="text-align: center;"><input type="checkbox"/> 4</td></tr> <tr><td style="text-align: center;">1070</td><td style="text-align: center;"><input type="checkbox"/> 5</td></tr> <tr><td style="text-align: center;">1072</td><td style="text-align: center;"><input type="checkbox"/> 6</td></tr> </table> </td> <td style="width: 33%; vertical-align: top;"> <table border="1" style="width: 100%; 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c. What was the main reason . . . was absent from . . . 's job or business during those weeks? <i>Mark (X) only one.</i>		1098	<table style="width: 100%; border: none;"> <tr><td style="width: 33%;">1 <input type="checkbox"/> On layoff</td><td rowspan="7" style="width: 5%; text-align: center; vertical-align: middle;">}</td><td rowspan="7" style="width: 10%; text-align: center; vertical-align: middle;">SKIP to 8a, page 4</td></tr> <tr><td>2 <input type="checkbox"/> Own illness</td></tr> <tr><td>3 <input type="checkbox"/> On vacation</td></tr> <tr><td>4 <input type="checkbox"/> Bad weather</td></tr> <tr><td>5 <input type="checkbox"/> Labor dispute</td></tr> <tr><td>6 <input type="checkbox"/> New job to begin within 30 days</td></tr> <tr><td>7 <input type="checkbox"/> Other — Specify _____</td></tr> </table>	1 <input type="checkbox"/> On layoff	}	SKIP to 8a, page 4	2 <input type="checkbox"/> Own illness	3 <input type="checkbox"/> On vacation	4 <input type="checkbox"/> Bad weather	5 <input type="checkbox"/> Labor dispute	6 <input type="checkbox"/> New job to begin within 30 days	7 <input type="checkbox"/> Other — Specify _____																														
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Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did ... have a job or business?

Mark (X) calendar below, "With a job or business." AND then mark appropriate box(es).

1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13
1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14
1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15
1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16
1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17
1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18

b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?

1136 1 ☐ Yes
2 ☐ No — SKIP to 7a

c. In which weeks was ... absent without pay?

1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13
1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14
1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15
1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16
1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17
1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18

d. What was the main reason ... was absent from ...'s job or business during those weeks?

Mark (X) only one.

1174 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other — Specify

7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?

1176 1 ☐ Yes
2 ☐ No — SKIP to 7e

b. In which of these weeks was ... looking for work or on layoff from a job?

Mark (X) calendar below, "Looking for work or on layoff" AND then mark appropriate box(es).

1178 x5 ☐ All weeks without a job

1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7	1204	<input type="checkbox"/> 13
1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8	1206	<input type="checkbox"/> 14
1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9	1208	<input type="checkbox"/> 15
1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10	1210	<input type="checkbox"/> 16
1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11	1212	<input type="checkbox"/> 17
1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18

c. Could ... have taken a job during those weeks if one had been offered?

1216 1 ☐ Yes — SKIP to Check Item R2
2 ☐ No

d. What was the main reason ... could not take a job during those weeks?

1218 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other — Specify

CHECK ITEM R2

Refer to the Labor Force Calendar, below. Is each week of the 4-month period marked as "With a job or business" or "Looking for work or on layoff"?

1220 1 ☐ Yes — SKIP to 8a
2 ☐ No — SKIP to 7f

7e. Did ... want a job in those weeks when ... did not have one?

1222 1 ☐ Yes — SKIP to 7g
2 ☐ No — SKIP to 8a

f. I have marked that there were weeks in this period when ... did not have a job and was not looking for a job. Did ... want a job in those weeks? If necessary, refer to Labor Force calendar.

1224 1 ☐ Yes
2 ☐ No — SKIP to 8a

g. Could ... have taken a job during those weeks if one had been offered?

1226 1 ☐ Yes
2 ☐ No — SKIP to 8a

LABOR FORCE CALENDAR — Use when item 4 is marked "No"

WEEK →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
With a job or business. Mark for item 6a.																		
Looking for work or on layoff (and without a job or business.) Mark for item 7b.																		

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

7h. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?

Mark (X) only one.

1228

- 1 ☐ Believes no work available in line of work or area
- 2 ☐ Couldn't find any work
- 3 ☐ Lacks necessary schooling, training, skills, or experience
- 4 ☐ Employers think too young or too old
- 5 ☐ Other personal handicap in finding job
- 6 ☐ Can't arrange child care
- 7 ☐ Family responsibilities
- 8 ☐ In school or other training
- 9 ☐ Ill health, physical disability
- 10 ☐ Other — Specify _____
- X1 ☐ DK

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

1230

- Hours per week
- X3 ☐ None } SKIP to Check Item R4
- X1 ☐ DK

**CHECK
ITEM R3**

Refer to item 8a.
Did . . . usually work 35 or more hours per week?

1232

- 1 ☐ Yes
- 2 ☐ No — SKIP to 8c

8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.

1234

- 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R4

c. In how many weeks did . . . work fewer than 35 hours during this 4-month period?

1236

- X5 ☐ All
- Weeks

d. What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

1238

- 1 ☐ Could not find a full-time job
- 2 ☐ Wanted to work part time
- 3 ☐ Health condition or disability
- 4 ☐ Normal working hours are fewer than 35 hours
- 5 ☐ Slack work or material shortage
- 6 ☐ Other — Specify _____

**CHECK
ITEM R4**

Refer to item 5a, page 2.
The response to item 5a is:

1239

- 1 ☐ Yes (or blank)
- 2 ☐ No — SKIP to Check Item R5

9a. During this 4-month period, did . . . receive any State unemployment compensation payments?

1240

- 1 ☐ Yes — Mark "5" on ISS
- 2 ☐ No — SKIP to Check Item R5

b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

1242

- 1 ☐ Yes — Mark "6" on ISS
- 2 ☐ No

**CHECK
ITEM R5**

Is "Worked" marked on the ISS?

1244

- 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R6

10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?

1246

- 1 ☐ Yes — Mark "10" on ISS
- 2 ☐ No

**CHECK
ITEM R6**

Was an interview obtained for . . . last reference period?

1248

- 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R11, page 6

**CHECK
ITEM R7**

Are any income types listed in the Income Roster?

1250

- 1 ☐ Yes
- 2 ☐ No — SKIP to 12a

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received (Read income types in 11b, column (2)) during (8 months ago) through (5 months ago). Was this information recorded correctly?

1251

1 ☐ Yes

2 ☐ No – Resolve problems and make appropriate entries in 11b, column (5)

Ask 11c

b. INCOME ROSTER

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1252 <input type="checkbox"/>	1254 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1255 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1256 <input type="checkbox"/>	1258 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1259 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1260 <input type="checkbox"/>	1262 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1263 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1264 <input type="checkbox"/>	1266 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1267 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1268 <input type="checkbox"/>	1270 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1271 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1272 <input type="checkbox"/>	1274 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1275 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1276 <input type="checkbox"/>	1278 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1279 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1280 <input type="checkbox"/>	1282 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1283 1 <input type="checkbox"/>	2 <input type="checkbox"/>

c. During the past 4 months, that is _____, and _____, did . . . get income from (Read income types in 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

12a. During this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?

1284

1 ☐ Yes

2 ☐ No – SKIP to 13a

b. What was it called?

Anything else?

Mark (X) all that apply.

1286

1 ☐ Social Security – Mark "1" on ISS

1288

2 ☐ Federal Supplemental Security Income (Federal SSI) – Mark "3" on ISS

1290

3 ☐ A serviceman's or widow's pension from the Veterans Administration (VA) – Mark "8" on ISS

1292

4 ☐ Anything else – Mark appropriate code on ISS and specify

1294 ☐

13a. During this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?

1296

1 ☐ Yes

2 ☐ No – SKIP to Check Item R8

b. What was the source of this income?

Anything else?

Mark (X) all that apply.

1298

1 ☐ U.S. Government Railroad Retirement – Mark "2" on ISS

1300

2 ☐ Black Lung payments – Mark "9" on ISS

1302

3 ☐ Worker's Compensation – Mark "10" on ISS

1304

4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own – Mark "13" on ISS

1306

5 ☐ Pension from company or union – Mark "30" on ISS

1308

6 ☐ Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS

1310

7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) – Mark "32" on ISS

1312

8 ☐ National Guard or Reserve Forces retirement – Mark "33" on ISS

1314

9 ☐ State government pension – Mark "34" on ISS

1316

10 ☐ Local government pension – Mark "35" on ISS

1318

11 ☐ Income from paid-up life insurance policies or annuities – Mark "36" on ISS

1320

12 ☐ Other or DK – Specify and enter code from income source list. If income type is not listed or DK, enter code "38" – Mark ISS.

1322 ☐

CHECK ITEM R8

Is "Medicare" marked for . . . on cc item 47?

1324

1 ☐ Yes – Mark "172" on ISS and SKIP to Check Item R23, page 8

2 ☐ No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Is "Disabled" marked for . . . on cc item 47?	1326	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Is . . . 65 years of age or over?	1328	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc item 32a. Is . . . a veteran of the U.S. Armed Forces? Mark "No" if currently in Armed Forces ("Yes" marked in cc item 32c)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
14a. How long did . . . serve on active duty in the Armed Forces?		1332	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?		1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		1336	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
d. During this 4-month period did . . . receive pension or compensation payments from the Veterans Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)		1338	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Is . . . 18 years of age or over?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
15a. During this 4-month period, did . . . receive any Social Security payments?		1342	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
CHECK ITEM R13	Is . . . 65 years of age or over?	1344	1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
15b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.		1346	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widow(ed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK } SKIP to 16a
c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?		1348	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widow(ed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 16a
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
15d. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?		1352	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
16a. During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?		1354	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
b. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?		1356	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Is . . . 40 years of age or over?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
17a. Has . . . ever retired from a job or business? (Include retirement from the military.)		1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
b. During the 4-month period did . . . receive any retirement income other than Social Security?		1362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d
NOTES			

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

17c. What kind of retirement income?

Anything else?

Mark (X) all that apply.

- 1364** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1366** 2 ☐ Pension from company or union — Mark "30" on ISS
- 1368** 3 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1370** 4 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1372** 5 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1374** 6 ☐ State government pension — Mark "34" on ISS
- 1376** 7 ☐ Local government pension — Mark "35" on ISS
- 1378** 8 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1380**

d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?

- 1382** 1 ☐ Yes — Mark "36" on ISS
- 2 ☐ No

CHECK ITEM R16

Is . . . 70 years of age or over?

- 1384** 1 ☐ Yes — SKIP to Check Item R17
- 2 ☐ No

18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

- 1386** 1 ☐ Yes — Mark "171" on ISS
- 2 ☐ No — SKIP to Check Item R17

b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)

- 1388** 1 ☐ Yes
- 2 ☐ No } SKIP to Check Item R17
- x1 ☐ DK }

c. What kind of income?

Anything else?

Mark (X) all that apply.

- 1390** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392** 2 ☐ Black Lung payments — Mark "9" on ISS
- 1394** 3 ☐ Worker's Compensation — Mark "10" on ISS
- 1396** 4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398** 5 ☐ Pension from company or union — Mark "30" on ISS
- 1400** 6 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402** 7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406** 8 ☐ State government pension — Mark "34" on ISS
- 1408** 9 ☐ Local government pension — Mark "35" on ISS
- 1410** 10 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412**

CHECK ITEM R17

Refer to cc item 26a.

What is . . . 's marital status?

- 1414** 1 ☐ Married — SKIP to 20
- 2 ☐ Widowed — SKIP to 22a
- 3 ☐ Divorced
- 4 ☐ Separated
- 5 ☐ Never married — SKIP to Check Item R18

19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?

- 1416** 1 ☐ Yes — Mark "29" on ISS and SKIP to Check Item R18
- 2 ☐ No
- x1 ☐ DK } SKIP to Check Item R18
- x2 ☐ Ref. }

20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?

- 1418** 1 ☐ Widowed — SKIP to 22a
- 2 ☐ Divorced
- 3 ☐ Both widowed and divorced
- 4 ☐ No — SKIP to Check Item R21

CHECK ITEM R18

Refer to cc item 27.

Is . . . the designated parent or guardian of children under 18 who live in this household?

- 1420** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R19

21. Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422** 1 ☐ Yes — Mark "28" on ISS
- 2 ☐ No
- x1 ☐ DK
- x2 ☐ Ref.

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R19	Is "Both widowed and divorced" box marked in item 20, page 7?	1424	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> Yes <input type="checkbox"/> No } SKIP to Check Item R21 <input checked="" type="checkbox"/> DK }
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	<input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
		1430	<input type="checkbox"/> Veterans Compensation or pension — Mark "8" on ISS
		1432	<input type="checkbox"/> Black Lung payments — Mark "9" on ISS
		1434	<input type="checkbox"/> Pension from company or union — Mark "30" on ISS
		1436	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1438	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		1440	<input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
		1442	<input type="checkbox"/> State government pension — Mark "34" on ISS
		1444	<input type="checkbox"/> Local government pension — Mark "35" on ISS
		1446	<input type="checkbox"/> Income from paid-up life insurance policies or annuities — Mark "36" on ISS
		1448	<input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS
		1450	<input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS
		1452	<input type="text"/> <input type="text"/>
CHECK ITEM R20	Is "Veterans Compensation or pension" marked in item 22b?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R21	Is . . . 65 years of age or over?	1458	<input type="checkbox"/> Yes — SKIP to 23a <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?	1462	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No } SKIP to Check Item R23 <input checked="" type="checkbox"/> DK }
b.	May I see . . . 's Medicare card to record the claim number and type of coverage?	1464	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 1466 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
		1468	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) } SKIP to Check Item R23 <input type="checkbox"/> Card not available — ASK 23c
c.	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	<input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1474	<input type="checkbox"/> Yes — SKIP to Check Item R25 <input type="checkbox"/> No
CHECK ITEM R24	Is . . . 18 years of age or over?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 27a
CHECK ITEM R25	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1478	<input type="checkbox"/> Yes — SKIP to Check Item R26 <input type="checkbox"/> No
24.	Was . . . authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1480	<input type="checkbox"/> Yes — Mark "27" on ISS <input type="checkbox"/> No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R26	Interview status of . . . 's spouse.	1482	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to Check Item R27
25a.	(Other than what we have already mentioned during the 4-month period, did . . . receive any (other) welfare (such as AFDC, WIC, or General Assistance) (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R27
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496	1 <input type="checkbox"/> AFDC — Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS 5 <input type="checkbox"/> WIC — Mark "25" on ISS 6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK", enter code "24" — Mark ISS ↓ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
CHECK ITEM R27	Is "Medicaid" marked for . . . on cc item 47?	1500	1 <input type="checkbox"/> Yes — SKIP to 26b 2 <input type="checkbox"/> No
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No <div style="float: right; text-align: right;">} SKIP to Check Item R28</div>
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1504	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
26c.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
d.	Which children were covered?	1510	x5 <input type="checkbox"/> All children OR <div style="display: flex; justify-content: space-between;"> <div>Person No.</div> <div>Name</div> </div> <div style="display: flex; justify-content: space-between;"> <div>1512</div> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>1514</div> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>1516</div> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>1518</div> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>1520</div> <div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> </div>
CHECK ITEM R29	Was . . . or . . . 's children (under 18) covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a
26e.	Was (. . . / (and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes — SKIP to 27a 2 <input type="checkbox"/> No
f.	In which months was (. . . / (and) . . . 's children) covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

27a. During the 4-month period, did . . . have health insurance in . . . 's own name?
(Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)

1536

- 1 ☐ Yes — SKIP to 27c
2 ☐ No

ASK OR VERIFY —

b. Was . . . covered by a health insurance plan in somebody else's name?

1537

- 1 ☐ Yes } SKIP to Check Item R30
2 ☐ No }

c. Did . . . have a plan in . . . 's own name during the entire 4-month period?

1538

- 1 ☐ Yes — SKIP to 27e
2 ☐ No

d. In which months did . . . have a plan?

Mark (X) all that apply.

1540

- 1 ☐ Last month

1542

- 2 ☐ 2 months ago

1544

- 3 ☐ 3 months ago

1546

- 4 ☐ 4 months ago

e. Was . . . 's plan provided through an employer or union (or through a former employer or a pension plan)?

1548

- 1 ☐ Yes
2 ☐ No — SKIP to 27g

f. Did the employer or union (former employer or pension plan) pay for part or all of the cost of this plan?

1550

- 1 ☐ All
2 ☐ Part
x3 ☐ None

g. Was this an individual plan or a family plan?

1552

- 1 ☐ Individual — SKIP to Check Item R30
2 ☐ Family

h. Did . . . 's health plan cover all the persons living here?

1554

- 1 ☐ Yes — SKIP to Check Item R32
2 ☐ No

i. Other than . . . , which persons in this household were covered by . . . 's plan?

Person No. Name

1556

1558

1560

1562

1564

1566

- x3 ☐ None

**CHECK
ITEM R30**

Refer to cc item 27.

Is . . . the designated parent or guardian of children under 18 who live in this household?

1568

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item R32

**CHECK
ITEM R31**

Have each of these children already been identified as members of a family health insurance plan?

1570

- 1 ☐ Yes
2 ☐ No — SKIP to 27k

27j. I have recorded that all of . . . 's children were covered by a health insurance plan — is that correct?

1572

- 1 ☐ Yes — SKIP to Check Item R32
2 ☐ No

k. Were any of (Which of) . . . 's children (were) covered by a health insurance plan?

1574

- x5 ☐ All children

OR

Person No. Name

1576

1578

1580

1582

1584

1586

- x3 ☐ None

**CHECK
ITEM R32**

Are any assets listed in the Asset Roster?

1588

- 1 ☐ Yes
2 ☐ No — SKIP to 29a

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

28a. According to the information we obtained last time, . . . had (Read asset types in 28b, column (2)) during (8 months ago) through (5 months ago) . Was this information recorded correctly?

1589

- 1 ☐ Yes
2 ☐ No – Resolve problems and make appropriate entries in 28b, column (5) } ASK 28c

b. ASSET ROSTER

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1590 <input type="text"/>	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1593 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1594 <input type="text"/>	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1597 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1598 <input type="text"/>	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1601 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1602 <input type="text"/>	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1605 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1606 <input type="text"/>	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1609 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1610 <input type="text"/>	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1613 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1614 <input type="text"/>	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1617 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1618 <input type="text"/>	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No	1621 1 <input type="checkbox"/>	2 <input type="checkbox"/>

C. During the past 4 months, that is _____, _____, and _____, did . . . still own (have) (Read assets in 28b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

29a. (In addition to the assets we have already mentioned) during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (SHOW FLASHCARD N.)

1622

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item R33
x2 ☐ Ref.

b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts)

1626

- 1 ☐ Regular or passbook savings accounts – Mark "100" on ISS
1628 2 ☐ Money market deposit accounts – Mark "101" on ISS
1630 3 ☐ Certificates of deposit or other savings certificates – Mark "102" on ISS
1632 4 ☐ NOW, Super NOW, or other interest-earning checking accounts – Mark "103" on ISS
1636 5 ☐ Money market funds – Mark "104" on ISS
1638 6 ☐ U. S. Government securities – Mark "105" on ISS
1640 7 ☐ Municipal or corporate bonds – Mark "106" on ISS
1642 8 ☐ Mortgages – Mark "130" on ISS
1644 9 ☐ U. S. Savings Bonds (E, EE) – Mark "174" on ISS
1646 10 ☐ Other interest-earning assets – Mark "107" on ISS and specify
1648 11 ☐ Stocks or mutual fund shares – Mark "110" on ISS
1650 12 ☐ Rental property – Mark "120" on ISS
1652 13 ☐ Royalties – Mark "140" on ISS
1654 14 ☐ Other financial investments – Mark "150" on ISS and specify

CHECK ITEM R33

Is . . . 17 to 49 years of age?

1656

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item R36

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

30a. During the past 4 months did . . . attend school beyond the high school level including a college, university, or other school?	1658	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item R36</i>
b. Were any of . . . 's educational expenses during the past 4 months paid for by the GI Bill, a Pell (BEOG) Grant, a Guaranteed or National Direct Student Loan, or any other type of scholarship or grant?	1660	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 33</i>
c. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	1662	<input type="checkbox"/> GI/VEAP Benefits — <i>Mark "40" on the ISS</i> <div style="display: flex; align-items: center;"> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div>
	1664	<input type="checkbox"/> Pell Grant (BEOG)
	1666	<input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG)
	1668	<input type="checkbox"/> Other VA Educational Assistance Programs
	1670	<input type="checkbox"/> Other scholarship, fellowship, or grant
	1672	<input type="checkbox"/> Employer assistance
	1674	<input type="checkbox"/> JTPA/CETA training allowance
	1676	<input type="checkbox"/> Guaranteed Student Loan (GSL)
	1678	<input type="checkbox"/> National Direct Student Loan (NDSL)
		} <i>Mark "175" on ISS</i>
31a. What kind of term system does . . . 's school use — semester, trimester, quarter, or something else?	1680	<input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter <input type="checkbox"/> Other <input type="checkbox"/> DK
b. How much was . . . 's total tuition and fees for the (semester/trimester/quarter/school term)? <i>(Include all tuition and fees, even if paid completely or in part by the family, a scholarship or a loan.)</i>	1682	<div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <input type="checkbox"/> DK
CHECK ITEM R34 Is "Pell Grant (BEOG)" marked in item 30c?	1684	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item R35</i>
31c. What was the total amount of . . . 's Pell Grant (BEOG) for the (semester/trimester/quarter/school term)?	1686	<div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <input type="checkbox"/> DK
CHECK ITEM R35 Is box 3, 4, 5 or 6 marked in item 30c?	1688	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 33</i>
32. What was the total amount of . . . 's (Read appropriate types of educational assistance) for the (semester/trimester/quarter/school term)?	1690	<div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <input type="checkbox"/> DK
33. Did . . . participate in the Federally funded work-study program at school at any time during the past 4 months?	1692	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM R36 Refer to cc item 26a. What is . . . 's marital status?	1694	<input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Other — <i>SKIP to Check Item R37</i>
34. Is . . . 's spouse in the Armed Forces?	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM R37 Are any income types, assets, "worked" or "other educational assistance" marked on the ISS?	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 36a</i>
35a. You said that during the 4-month period . . . received income from — (Mention working or other educational assistance if appropriate and read income sources and assets from the ISS.) Is that correct?	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>Probe and resolve (Make corrections to ISS if necessary)</i>
b. Did . . . receive income from any other source such as financial help from someone outside the household, support payments, payments from the government or anything else?	1702	<input type="checkbox"/> Yes — <i>SKIP to 36b</i> <input type="checkbox"/> No — <i>SKIP to Check Item E1</i>
36a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, support payments, payments from the government or anything else?	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item P1, page 45</i>
b. What kind of income did . . . receive? Anything else?		<i>Enter codes from income source list and mark ISS.</i> <div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div>

Section 2 – EARNINGS AND EMPLOYMENT

CHECK ITEM E1	Is "Worked" marked on the ISS?	1712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to first ISS Code marked or Check Item P1, page 45
1 a.	You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)	1714	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only — SKIP to Statement B, page 18 3 <input type="checkbox"/> Both worked for employer and self-employed
b.	How many different employers did . . . work for during this 4-month period?	1716	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
CHECK ITEM E2	Is "Both worked for employer and self-employed" marked in 1a?	1718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a

STATEMENT A . . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.

NOTES

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

2a. What is the name of the employer for whom . . . worked during this 4-month period?

(If . . . worked for more than one employer, enter the employer for whom . . . worked the most hours during the 4-month period or the most recent employer.)

PGM 8

Employer Name

2000

**CHECK
ITEM E3**

Enter employer ID number from cc item 42, or if a new employer, enter next available ID number →

PGM 8

Employer ID No.

2002

PGM 8

2004

2b. What kind of business or industry was (Name of company or business)?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

c. ASK OR VERIFY —
Is it mainly —

PGM 8

2006

1 ☐ **Manufacturing?**

2 ☐ **Wholesale Trade?**

3 ☐ **Retail Trade?**

4 ☐ **Some other kind of business?**

d. What kind of work was . . . doing on this job?
For example: Electrical engineer, stock clerk, typist, farmer

PGM 8

2008

e. What were . . . 's main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2010

f. ASK OR VERIFY —
Was . . . an employee of —

PGM 8

2012

1 ☐ **A private company or individual?**

2 ☐ **Federal government (exclude Armed Forces)?**

3 ☐ **State government?**

4 ☐ **Local government?**

5 ☐ **Armed Forces?**

6 ☐ **Unpaid in family business or farm? —**
SKIP to Check Item E5

3a. ASK OR VERIFY —
Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7

2014

1 ☐ **Yes — SKIP to 4**

2 ☐ **No**

b. When was . . . employed by (Name of employer) during this 4-month period?

FROM

2016

Month

2018

Day

TO

2020

Month

2022

Day

4. ASK OR VERIFY —
How many hours per week did . . . usually work at this job?

2024

Hours

x3 ☐ **None**

x1 ☐ **DK**

5. Was . . . paid by the hour on this job?

2026

1 ☐ **Yes**

2 ☐ **No — SKIP to 7**

6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?

2028

\$

x1 ☐ **DK**

x2 ☐ **Ref. — SKIP to Check Item E5**

7. During the 4-month period how often was . . . paid on this job?

2030

1 ☐ **Once a week**

2 ☐ **Once each 2 weeks**

3 ☐ **Once a month**

4 ☐ **Twice a month**

5 ☐ **Some other way — Specify ↓**

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2032

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2034

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2036

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2038

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM E4

Is "DK" marked in all parts of item 8?

2040

1 ☐ Yes

2 ☐ No – SKIP to Check Item E5

9. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2042

1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3a

2 ☐ No

CHECK ITEM E5

Number of employers in item 1b, page 13?

2044

1 ☐ 1 employer – SKIP to Check Item E8, page 17

2 ☐ 2 or more employers

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

0a. What is the name of the other employer for whom . . . worked during this 4-month period?

(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)

PGM 8

Employer Name

2100

**CHECK
ITEM E6**

Enter employer ID number from cc item 42, or if a new employer, enter next available ID number →

PGM 8

Employer ID No.

2102

PGM 8

2104

0b. What kind of business or industry was (Name of company or business)?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

2106

c. ASK OR VERIFY —
Is it mainly —

- 1 ☐ Manufacturing?
2 ☐ Wholesale Trade?
3 ☐ Retail Trade?
4 ☐ Some other kind of business?

d. What kind of work was . . . doing on this job?

For example: Electrical engineer, stock clerk, typist, farmer

PGM 8

2108

e. What were . . . 's main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2110

f. ASK OR VERIFY —
Was . . . an employee of —

PGM 8

2112

- 1 ☐ A private company or individual?
2 ☐ Federal government (exclude Armed Forces)?
3 ☐ State government?
4 ☐ Local government?
5 ☐ Armed Forces?
6 ☐ Unpaid in family business or farm? —
SKIP to Check Item E8

1a. ASK OR VERIFY —
Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7

2114

- 1 ☐ Yes — SKIP to 12
2 ☐ No

b. When was . . . employed by (Name of employer) during this 4-month period?

2116

FROM

Month Day

2120

TO

Month Day

2. ASK OR VERIFY —
How many hours per week did . . . usually work at this job?

2124

Hours

- x3 ☐ None
x1 ☐ DK

3. Was . . . paid by the hour on this job?

2126

- 1 ☐ Yes
2 ☐ No — SKIP to 15

4. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?

2128

\$

- x1 ☐ DK
x2 ☐ Ref. — SKIP to Check Item E8

5. During the 4-month period how often was . . . paid on this job?

2130

- 1 ☐ Once a week
2 ☐ Once each 2 weeks
3 ☐ Once a month
4 ☐ Twice a month
5 ☐ Some other way — Specify

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2134

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2136

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2138

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM E7

Is "DK" marked in all parts of item 16?

2140

1 ☐ Yes

2 ☐ No — SKIP to Check Item E8

17. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2142

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 3b

2 ☐ No

CHECK ITEM E8

Is "Both worked for employer and self-employed" marked in item 1a, page 13?

2144

1 ☐ Yes — Read Statement B

2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

STATEMENT B You said . . . was (also) self-employed during this 4-month period.

a. What was the name of . . . 's business/professional practice/farm?

PGM 8 Business name

2200

**CHECK
ITEM S1**

Enter business ID number from cc item 43, or if a new business enter the next available ID number

PGM 8 Business ID No.

2202

b. What kind of business was this?

PGM 8

2204

ASK OR VERIFY –

c. Is it mainly –

PGM 8

2206

- 1 ☐ Manufacturing?
2 ☐ Wholesale Trade?
3 ☐ Retail Trade?
4 ☐ Some other kind of business?

d. What kind of work was . . . doing?

PGM 8

2208

e. What were . . . 's most important activities or duties?

PGM 8

2210

ASK OR VERIFY –

f. How many hours per week did . . . usually work at this business?

PGM 7

2212

Hours

- x3 ☐ None
x1 ☐ DK

g. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

2214

- 1 ☐ Yes
2 ☐ No – SKIP to 10
x1 ☐ DK

Gross earnings include sales and receipts before expenses.

**CHECK
ITEM S2**

Have questions 3 – 5b already been answered for this business by another household member?

2216

- 1 ☐ Yes – SKIP to 6a
2 ☐ No

h. What was the total number of employees working for this business? Be sure to include . . .

2218

Employees

Enter 999 if 1,000 or more employees.

x1 ☐ DK

i. Was . . . 's business incorporated?

2220

- 1 ☐ Yes – SKIP to 5a
2 ☐ No

j. Was . . . 's business a sole proprietorship or a partnership?

2222

- 1 ☐ Sole proprietorship – SKIP to 6a
2 ☐ Partnership

k. Aside from . . . were any other members of this household owners or partners in this business?

2224

- 1 ☐ Yes
2 ☐ No – SKIP to 6a

l. Which members?

Person No.

Name

2226

2228

2230

m. Was . . . paid a regular salary from this business during the 4-month period?

2232

- 1 ☐ Yes
2 ☐ No

n. Did . . . receive any (other) income from the business during this 4-month period?

2234

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM S3**

Is "Yes" marked in either item 6a or 6b?

2236

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item S5

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2238

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

2 MONTHS AGO

2240

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

3 MONTHS AGO

2242

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

4 MONTHS AGO

2244

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

CHECK ITEM S4

Is "DK" marked in all parts of item 7?

2246

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item S5

8. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2248

- 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 4a
2 ☐ No

CHECK ITEM S5

Refer to item 4a, page 18.
Is this business incorporated?

2250

- 1 ☐ Yes — SKIP to 11
2 ☐ No

CHECK ITEM S6

Has information about the net profit (or loss) for this business already been obtained by another household member?

2252

- 1 ☐ Yes — SKIP to 11
2 ☐ No

9a. Can you give me an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses during the 4-month period shown on the calendar?

2254

- 1 ☐ Yes
2 ☐ No — SKIP to 11

b. What was the net profit (or loss) from this business during the 4-month period?

2256

\$.00

2258

x4 ☐ Loss in amount box —
If "Broke even," mark \$1 in box.

SKIP to 11

10. About how much did . . . earn from this business after expenses during the 4-month period?

2260

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

2262

- 1 ☐ Yes
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

2a. What was the name of . . . 's other business/ professional practice/farm?

PGM 8 Business name

2300

**CHECK
ITEM S7**

Enter business ID number from cc item 43, or if a new business, enter the next available ID number →

PGM 8 Business ID No.

2302

2b. What kind of business was this?

PGM 8

2304

ASK OR VERIFY –

C. Is it mainly –

PGM 8

2306

- 1 ☐ **Manufacturing?**
2 ☐ **Wholesale Trade?**
3 ☐ **Retail Trade?**
4 ☐ **Some other kind of business?**

d. What kind of work was . . . doing?

PGM 8

2308

e. What were . . . 's most important activities or duties?

PGM 8

2310

f. How many hours per week did . . . usually work at this business?

PGM 7

2312

Hours

x3 ☐ None

x1 ☐ DK

3. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

Gross earnings include sales and receipts before expenses.

2314

- 1 ☐ Yes
2 ☐ No – SKIP to 21
x1 ☐ DK

**CHECK
ITEM S8**

Have questions 14 – 16b already been answered for this business by another household member?

2316

- 1 ☐ Yes – SKIP to 17a
2 ☐ No

4. What was the total number of employees working for this business? Be sure to include . . .

Enter 999 if 1,000 or more employees.

2318

Employees

x1 ☐ DK

5a. Was . . . 's business incorporated?

2320

- 1 ☐ Yes – SKIP to 16a
2 ☐ No

b. Was . . . 's business a sole proprietorship or a partnership?

2322

- 1 ☐ Sole proprietorship – SKIP to 17a
2 ☐ Partnership

6a. Aside from . . . were any other members of this household owners or partners in this business?

2324

- 1 ☐ Yes
2 ☐ No – SKIP to 17a

b. Which members?

Person No.

Name

2326

2328

2330

7a. Was . . . paid a regular salary from this business during the 4-month period?

2332

- 1 ☐ Yes
2 ☐ No

b. Did . . . receive any (other) income from the business during this 4-month period?

2334

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM S9**

Is "Yes" marked in either item 17a or 17b?

2336

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item S11

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2338

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

**INTERVIEWER
USE ONLY**

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

2 MONTHS AGO

2340

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

3 MONTHS AGO

2342

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

4 MONTHS AGO

2344

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

**CHECK
ITEM S10**

Is "DK" marked in all parts of item 18?

2346

1 ☐ Yes

2 ☐ No — SKIP to Check Item S11

19. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2348

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 4b

2 ☐ No

**CHECK
ITEM S11**

Refer to item 15a, page 20.

Is this business incorporated?

2350

1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45

2 ☐ No

**CHECK
ITEM S12**

Has information about the net profit (or loss) for this business already been obtained by another household member?

2352

1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45

2 ☐ No

20a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period?

2354

1 ☐ Yes

2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

b. What was the net profit (or loss) from this business during the 4-month period?

2356

\$. 00

2358

x4 ☐ Loss in amount box —
If "Broke even," mark \$1 in box.

SKIP to first
ISS Code or
Check Item
P1, page 45

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

SKIP to first
ISS Code or
Check Item
P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

3000

**CHECK
ITEM A1**

Mark (X) income type code.

3002

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 24
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 24
4 ☐ Other ISS codes – SKIP to Check Item A4

**CHECK
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

3004

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3006

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3008

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

**CHECK
ITEM A3**

Is . . . married?

3010

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3012

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3014

- 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? **Please answer by giving the total amount each month before any deductions.**

Last month

3016

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3018

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3020

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3022

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3026

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3028

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3030

\$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

3032

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code or Check Item P1, page 45

a. Were all the people living here covered by . . . 's payments?

3034

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No.	Name
3036	
3038	
3040	
3042	
3044	
3046	
3048	
3050	
3052	
3054	

CHECK ITEM A6

Is this ISS code "8"?

3056 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

3060 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

3062 1 ☐ Yes — SKIP to Check Item A8
2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

3064 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do . . . 's payments usually come on the first of the month or the third?

3066 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A8

Refer to item 2, page 22.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3068 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3074 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3078 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3082 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3072 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3076 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3080 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3084 \$. 00
x1 ☐ DK
x2 ☐ Ref.

11a. Were all children living here covered by these payments?

VERIFY IF ONLY ONE CHILD OR ASK —

3086 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

1b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<input type="text"/>
3090	<input type="text"/>	<input type="text"/>
3092	<input type="text"/>	<input type="text"/>
3094	<input type="text"/>	<input type="text"/>
3096	<input type="text"/>	<input type="text"/>
3098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

2a. Were all the people living here covered under ...’s food stamp allotment?

3100	1 <input type="checkbox"/> Yes – SKIP to 13a
	2 <input type="checkbox"/> No

b. Which persons were covered?

	Person No.	Name
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>
3118	<input type="text"/>	<input type="text"/>
3120	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

Last month

3122	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

2 months ago

3126	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3 months ago

3130	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

4 months ago

3134	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

13b. If “Yes” in 13a, ask – What was the total amount?

3124	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3128	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3132	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3136	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?
Mark (X) all that apply.

3138	1 <input type="checkbox"/> Last month
3140	2 <input type="checkbox"/> 2 months ago
3142	3 <input type="checkbox"/> 3 months ago
3144	4 <input type="checkbox"/> 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)

1. You said . . . received <i>(Read name of income type) during the 4-month period.</i>		Income code <div>3200</div>	Name of income type <div></div>
CHECK ITEM A1	Mark (X) income type code.	<div>3202</div> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 14, page 27 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 12a, page 27 4 <input type="checkbox"/> Other ISS codes — SKIP to Check Item A4	
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<div>3204</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?		<div>3206</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3208</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10a	
CHECK ITEM A3	Is . . . married?	<div>3210</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?		<div>3212</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a	
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<div>3214</div> 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	
5a. Did . . . receive any <i>(Read name of income type) in (Read each month)?</i> NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		5b. How much did . . . receive in <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i>	
Last month		<div>3216</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3218</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago		<div>3220</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3222</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago		<div>3224</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3226</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago		<div>3228</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<div>3230</div> <div>\$</div> <div></div> <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5	Mark (X) income type code.	<div>3232</div> 1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to Check Item A7 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 45	
6a. Were all the people living here covered by . . . 's payments?		<div>3234</div> 1 <input type="checkbox"/> Yes — SKIP to Check Item A6 2 <input type="checkbox"/> No	

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

	Person No.	Name
3236	<input type="text"/>	<input type="text"/>
3238	<input type="text"/>	<input type="text"/>
3240	<input type="text"/>	<input type="text"/>
3242	<input type="text"/>	<input type="text"/>
3244	<input type="text"/>	<input type="text"/>
3246	<input type="text"/>	<input type="text"/>
3248	<input type="text"/>	<input type="text"/>
3250	<input type="text"/>	<input type="text"/>
3252	<input type="text"/>	<input type="text"/>
3254	<input type="text"/>	<input type="text"/>

CHECK
ITEM A6

Is this ISS code "8"?

3256 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?

3260 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK
ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

3262 1 ☐ Yes — SKIP to Check Item A8
2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?

3264 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do . . . 's payments usually come on the first of the month or the third?

3266 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK
ITEM A8

Refer to item 2, page 25.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3268 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

0a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3270 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3272 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3274 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3276 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3278 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3280 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3282 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3284 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

3286 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

1a. Were all children living here covered by these payments?

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

11b. Which children were covered?

Person No.	Name
3288	
3290	
3292	
3294	
3296	
3298	

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

3300 1 ☐ Yes – SKIP to 13a
2 ☐ No

b. Which persons were covered?

Person No.	Name
3302	
3304	
3306	
3308	
3310	
3312	
3314	
3316	
3318	
3320	

13a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3322 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3324 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3326 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3328 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3330 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3332 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3334 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3336 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?

3338 1 ☐ Last month
3340 2 ☐ 2 months ago
3342 3 ☐ 3 months ago
3344 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Mark (X) all that apply.

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code Name of income type

3400

CHECK
ITEM A1

Mark (X) income type code.

3402

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 30
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 30
4 ☐ Other ISS codes – SKIP to Check Item A4

CHECK
ITEM A2

Refer to cc item 27.
Is . . . a designated parent, or guardian of children under age 18?

3404

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3406

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3408

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

CHECK
ITEM A3

Is . . . married?

3410

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3412

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

CHECK
ITEM A4

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3414

- 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.

Last month

3416

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3418

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3420

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3422

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3424

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3426

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3428

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3430

\$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK
ITEM A5

Mark (X) income type code.

3432

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code or Check Item P1, page 45

6a. Were all the people living here covered by . . . 's payments?

3434

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?

Person No.

Name

3436

3438

3440

3442

3444

3446

3448

3450

3452

3454

CHECK
ITEM A6

Is this ISS code "8"?

3456

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3460

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to next ISS Code or Check Item P1, page 45

CHECK
ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

3462

1 ☐ Yes — SKIP to Check Item A8

2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3464

1 ☐ Green

2 ☐ Gold

3 ☐ Other

x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3466

1 ☐ First

2 ☐ Third

3 ☐ Other

x1 ☐ DK

CHECK
ITEM A8

Refer to item 2, page 28.

Were (Social Security/Railroad Retirement) payments received especially for the children?

3468

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3470

1 ☐ Yes

2 ☐ No

x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3472

\$. 00

x1 ☐ DK

x2 ☐ Ref.

2 months ago

3474

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3476

\$. 00

x1 ☐ DK

x2 ☐ Ref.

3 months ago

3478

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3480

\$. 00

x1 ☐ DK

x2 ☐ Ref.

4 months ago

3482

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3484

\$. 00

x1 ☐ DK

x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

11a. Were all children living here covered by these payments?

3486

1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45

2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

1b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

2a. Were all the people living here covered under ...'s food stamp allotment?

3500 1 ☐ Yes — SKIP to 13a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>
3518	<input type="text"/>	<input type="text"/>
3520	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask —
What was the total amount?

Last month

3522 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3524 \$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3526 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3528 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3530 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3532 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3534 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3536 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?

3538 1 ☐ Last month
3540 2 ☐ 2 months ago
3542 3 ☐ 3 months ago
3544 4 ☐ 4 months ago

SKIP to next ISS Code or
Check Item P1, page 45

Mark (X) all that apply.

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) **during the 4-month period.**

Income code

Name of income type

3600

**CHECK
ITEM A1**

Mark (X) income type code.

3602

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 33
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 33
4 ☐ Other ISS codes – SKIP to Check Item A4

**CHECK
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian
of children under age 18?

3604

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

**2. During this 4-month period, were any separate
payments from (Social Security/Railroad
Retirement) received especially for the children?**

3606

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

**3. Did . . . also receive a separate payment for
(himself/herself) during any of these months?**

3608

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

**CHECK
ITEM A3**

Is . . . married?

3610

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**4. Did . . . receive Social Security (Railroad
Retirement) jointly with . . . 's spouse?**

3612

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received
by . . . from the income source entered in 1
already been recorded during an interview
for . . . 's spouse?

3614

- 1 ☐ Yes – SKIP to next ISS Code or Check Item
P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) **in**
(Read each month)?

NOTE – Some persons receive more than one
payment per month for certain income types such
as Unemployment Compensation and AFDC.

Last month

3616

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3620

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3624

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3628

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

5b. How much did . . . receive
in (Read each month marked
"Yes" in 5a)? **Please**
answer by giving the total
amount each month
before any deductions.

3618

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3622

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3626

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3630

\$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

3632

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code
or Check Item P1, page 45

**6a. Were all the people living here covered by . . . 's
payments?**

3634

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?

Person No.	Name
3636	
3638	
3640	
3642	
3644	
3646	
3648	
3650	
3652	
3654	

CHECK ITEM A6

Is this ISS code "8"?

3656 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3660 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

3662 1 ☐ Yes — SKIP to Check Item A8
2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3664 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3666 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A8

Refer to item 2, page 31.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3668 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3670 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

3674 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

3678 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

3682 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3672 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3676 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3680 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3684 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

1a. Were all children living here covered by these payments?

3686 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

11b. Which children were covered?

	Person No.	Name
3688		
3690		
3692		
3694		
3696		
3698		

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

3700 1 Yes – SKIP to 13a
2 No

b. Which persons were covered?

	Person No.	Name
3702		
3704		
3706		
3708		
3710		
3712		
3714		
3716		
3718		
3720		

13a. Did ... receive food stamps in (Read each month)?

Last month

3722 1 Yes
2 No
x1 DK

2 months ago

3726 1 Yes
2 No
x1 DK

3 months ago

3730 1 Yes
2 No
x1 DK

4 months ago

3734 1 Yes
2 No
x1 DK

13b. If "Yes" in 13a, ask – What was the total amount?

3724 \$ 00
x1 DK
x2 Ref.

3728 \$ 00
x1 DK
x2 Ref.

3732 \$ 00
x1 DK
x2 Ref.

3736 \$ 00
x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)? Mark (X) all that apply.

3738 1 Last month
3740 2 2 months ago
3742 3 3 months ago
3744 4 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

3800

CHECK ITEM A1

Mark (X) income type code.

3802

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) – SKIP to 14, page 36
3 ☐ ISS code 27 (Food Stamps) – SKIP to 12a, page 36
4 ☐ Other ISS codes – SKIP to Check Item A4

CHECK ITEM A2

Refer to cc item 27.
Is . . . a designated parent, or guardian of children under age 18?

3804

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

3806

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3808

- 1 ☐ Yes
2 ☐ No – SKIP to 10a

CHECK ITEM A3

Is . . . married?

3810

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

3812

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

CHECK ITEM A4

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

3814

- 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? **Please answer by giving the total amount each month before any deductions.**

Last month

3816

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3818

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

3820

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3822

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

3824

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3826

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

3828

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3830

\$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM A5

Mark (X) income type code.

3832

- 1 ☐ ISS code 1 or 2 – SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes – SKIP to next ISS Code or Check Item P1, page 45

5a. Were all the people living here covered by . . . 's payments?

3834

- 1 ☐ Yes – SKIP to Check Item A6
2 ☐ No

OTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)

6b. Which persons were covered?

Person No.

Name

3836

3838

3840

3842

3844

3846

3848

3850

3852

3854

CHECK ITEM A6

Is this ISS code "8"?

3856

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

3860

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to next ISS Code or Check Item P1, page 45

CHECK ITEM A7

Was this ISS code marked for ... in cc item 45 last reference period?

3862

1 ☐ Yes — SKIP to Check Item A8

2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

3864

1 ☐ Green

2 ☐ Gold

3 ☐ Other

x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

3866

1 ☐ First

2 ☐ Third

3 ☐ Other

x1 ☐ DK

CHECK ITEM A8

Refer to item 2, page 34.
Were (Social Security/Railroad Retirement) payments received especially for the children?

3868

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

3870

1 ☐ Yes

2 ☐ No

x1 ☐ DK

2 months ago

3874

1 ☐ Yes

2 ☐ No

x1 ☐ DK

3 months ago

3878

1 ☐ Yes

2 ☐ No

x1 ☐ DK

4 months ago

3882

1 ☐ Yes

2 ☐ No

x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

3872

x1 ☐ DK

x2 ☐ Ref.

3876

x1 ☐ DK

x2 ☐ Ref.

3880

x1 ☐ DK

x2 ☐ Ref.

3884

x1 ☐ DK

x2 ☐ Ref.

11a. Were all children living here covered by these payments?

VERIFY IF ONLY ONE CHILD OR ASK —

3886

1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45

2 ☐ No

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

1b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

2a. Were all the people living here covered under ...'s food stamp allotment?

3900	1 <input type="checkbox"/> Yes – SKIP to 13a
	2 <input type="checkbox"/> No

b. Which persons were covered?

	Person No.	Name
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>
3918	<input type="text"/>	<input type="text"/>
3920	<input type="text"/>	<input type="text"/>

3a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask – What was the total amount?

Last month

3922	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3924	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

2 months ago

3926	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3928	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

3 months ago

3930	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3932	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

4 months ago

3934	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No
	x1 <input type="checkbox"/> DK

3936	\$ <input type="text"/>	<input type="text"/>	00
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref.		

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?

Mark (X) all that apply.

3938	1 <input type="checkbox"/> Last month
3940	2 <input type="checkbox"/> 2 months ago
3942	3 <input type="checkbox"/> 3 months ago
3944	4 <input type="checkbox"/> 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (Read name of income type) during the 4-month period.

Income code

Name of income type

4000

CHECK ITEM A1

Mark (X) income type code.

4002

- 1 ☐ ISS code 1 or 2 (SS or RR)
2 ☐ ISS code 25 (WIC) — SKIP to 14, page 39
3 ☐ ISS code 27 (Food Stamps) — SKIP to 12a, page 39
4 ☐ Other ISS codes — SKIP to Check Item A4

CHECK ITEM A2

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

4004

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?

4006

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

4008

- 1 ☐ Yes
2 ☐ No — SKIP to 10a

CHECK ITEM A3

Is . . . married?

4010

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?

4012

- 1 ☐ Yes
2 ☐ No — SKIP to 5a

CHECK ITEM A4

Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?

4014

- 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? **Please answer by giving the total amount each month before any deductions.**

Last month

4016

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4018

\$. 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

4020

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4022

\$. 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

4024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4026

\$. 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

4028

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4030

\$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM A5

Mark (X) income type code.

4032

- 1 ☐ ISS code 1 or 2 — SKIP to Check Item A7
2 ☐ ISS code 8 or 20 through 24
3 ☐ All other income codes — SKIP to next ISS Code or Check Item P1, page 45

6a. Were all the people living here covered by . . . 's payments?

4034

- 1 ☐ Yes — SKIP to Check Item A6
2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No.	Name
4036	
4038	
4040	
4042	
4044	
4046	
4048	
4050	
4052	
4054	

**CHECK
ITEM A6**

Is this ISS code "8"?

4056 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?

4060 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

**CHECK
ITEM A7**

Was this ISS code marked for ... in cc item 45 last reference period?

4062 1 ☐ Yes — SKIP to Check Item A8
2 ☐ No

(SHOW FLASHCARD O)

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?

4064 1 ☐ Green
2 ☐ Gold
3 ☐ Other
x1 ☐ DK

9. Do ...'s payments usually come on the first of the month or the third?

4066 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

**CHECK
ITEM A8**

Refer to item 2, page 37.
Were (Social Security/Railroad Retirement) payments received especially for the children?

4068 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?

Last month

4070 1 ☐ Yes
2 ☐ No
x1 ☐ DK

2 months ago

4074 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3 months ago

4078 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4 months ago

4082 1 ☐ Yes
2 ☐ No
x1 ☐ DK

10b. If "Yes" in 10a — How much was received?

4072 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4076 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4080 \$. 00
x1 ☐ DK
x2 ☐ Ref.

4084 \$. 00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

1a. Were all children living here covered by these payments?

4086 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

11b. Which children were covered?

Person No.	Name
4088	
4090	
4092	
4094	
4096	
4098	

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under ...'s food stamp allotment?

4100 1 ☐ Yes — SKIP to 13a
2 ☐ No

b. Which persons were covered?

Person No.	Name
4102	
4104	
4106	
4108	
4110	
4112	
4114	
4116	
4118	
4120	

13a. Did ... receive food stamps in (Read each month)?

13b. If "Yes" in 13a, ask — What was the total amount?

Last month

4122 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4124 \$ 00
x1 ☐ DK
x2 ☐ Ref.

2 months ago

4126 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4128 \$ 00
x1 ☐ DK
x2 ☐ Ref.

3 months ago

4130 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4132 \$ 00
x1 ☐ DK
x2 ☐ Ref.

4 months ago

4134 1 ☐ Yes
2 ☐ No
x1 ☐ DK

4136 \$ 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?
Mark (X) all that apply.

4138 1 ☐ Last month
4140 2 ☐ 2 months ago
4142 3 ☐ 3 months ago
4144 4 ☐ 4 months ago

SKIP to next ISS Code or Check Item P1, page 45

Section 3 — AMOUNTS (Continued)

Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND NOW ACCOUNTS (ISS Codes 100, 101, 102 and 103)

CHECK
ITEM A9

Asset types owned.
Mark (X) all that apply.

4300

1 ☐ ISS Code 100 — Regular/Passbook Savings Accounts

4302

2 ☐ ISS Code 101 — Money Market Deposit Accounts

4304

3 ☐ ISS Code 102 — Certificates of Deposit or other Savings Certificates

4306

4 ☐ ISS Code 103 — NOW, Super NOW or other interest-earning checking accounts

1. Earlier you said that . . . had (Read names of owned assets).

CHECK
ITEM A10

Interview status of . . . 's spouse.

4308

1 ☐ No spouse in household — SKIP to 3b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted — SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4310

1 ☐ Yes

2 ☐ No — SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4312

\$. 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★

4314

\$. 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4316

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 5

2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?

4318

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

4320

\$. 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★

4322

\$. 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4324

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 6

2 ☐ No

} SKIP to next
ISS Code or
Check Item
P1, page 45

NOTES

Section 3 — AMOUNTS (Continued)

Part C — OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)

CHECK ITEM A11

Asset types owned.
Mark (X) all that apply.

4400

1 ☐ ISS Code 104 — Money market funds

4402

2 ☐ ISS Code 105 — U.S. Government securities

4404

3 ☐ ISS Code 106 — Municipal or corporate bonds

4406

4 ☐ ISS Code 107 — Other interest-earning assets — Specify _____

1. Earlier you said that . . . owned (Read names of owned assets).

CHECK ITEM A12

Interview status of . . . 's spouse.

4408

1 ☐ No spouse in household — SKIP to 3b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted — SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4410

1 ☐ Yes

2 ☐ No — SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4412

\$ _____ . 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?

4414

\$ _____ . 00 — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4416

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 7

2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

4418

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

4420

\$ _____ . 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?

4422

\$ _____ . 00 — SKIP to next ISS Code or Check Item P1, page 45

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4424

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 8

2 ☐ No

SKIP to next ISS Code or Check Item P1, page 45

NOTES

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

a. Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)

4500

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 3a

CHECK
ITEM A13

Interview status of . . . 's spouse.

4502

- 1 ☐ No spouse in household – SKIP to 2a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 2a

b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?

4504

\$. 00 – SKIP to 2a

- x3 ☐ None – SKIP to 2a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Check Item P1, page 45

c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

4506

- 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 9
2 ☐ No

a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?

4508

\$. 00 – SKIP to 3a

- x3 ☐ None – SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Check Item P1, page 45

b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

4510

- 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 10
2 ☐ No

a. (Besides the money that . . . received in dividends) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?

4512

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 45

CHECK
ITEM A14

Interview status of . . . 's spouse.

4514

- 1 ☐ No spouse in household – SKIP to 3c
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 3c

b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?

4516

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Check Item P1, page 45

c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?

4518

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

OTES

Section 3 — AMOUNTS (Continued)

Part E — RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

**CHECK
ITEM A15**

Interview status of . . . 's spouse.

4600

- 1 ☐ No spouse in household — *SKIP to 3a*
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?

Include only property owned entirely by couple.

4602

- 1 ☐ Yes
2 ☐ No — *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the amount that was cleared after expenses?

Enter \$1 in amount box if respondent reports "broke even."

4606

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

4608

- x4 ☐ Lost money — Enter amount of loss in box

3a. Did . . . receive rental income from property owned entirely in . . . 's own name?

4610

- 1 ☐ Yes
2 ☐ No — *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

4612

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the amount that was cleared after expenses?

Enter \$1 in amount box if respondent reports "broke even."

4614

\$. 00

- x1 ☐ DK
x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

4616

- x4 ☐ Lost money — Enter amount of loss in box

4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)

4618

- 1 ☐ Yes
2 ☐ No — *SKIP to next ISS code or Check Item P1, page 45*

b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?

Enter \$1 in amount box if respondent reports "broke even."

4620

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

4622

- x4 ☐ Lost money — Enter amount of loss in box

*SKIP to next
ISS Code or
Check Item
P1, page 45*

NOTES

Section 3 – AMOUNTS (Continued)

Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

CHECK ITEM A16

Asset types owned.
Mark (X) all that apply.

4700

1 ☐ ISS Code 130 – Mortgages

4702

2 ☐ ISS Code 140 – Royalties

4704

3 ☐ ISS Code 150 – Other financial investments

CHECK ITEM A17

Is ISS Code 130 marked in Check
Item A16?

4706

1 ☐ Yes

2 ☐ No – SKIP to 3

CHECK ITEM A18

Interview status of ...'s spouse.

4708

1 ☐ No spouse in household – SKIP to 2b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted – SKIP
to 2a

a. Earlier you said ... held a mortgage. Did ... own
this jointly with ...'s spouse?

4710

1 ☐ Yes

2 ☐ No – SKIP to 2b

b. During the past 4 months how much interest was
paid to ... and ...'s spouse by the borrower?

4712

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

a. (Besides these jointly held mortgages) did ... hold
any mortgages in ...'s own name?

4714

1 ☐ Yes

2 ☐ No – SKIP to Check Item A19

b. (Earlier you said that ... held a mortgage.) During
the past 4 months how much interest was paid to
... by the borrower?

4716

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

CHECK ITEM A19

Is ISS Code 140 or 150 marked in
Check Item A16?

4718

1 ☐ Yes

2 ☐ No – SKIP to Check Item P1

3. Earlier you said ... had (Read asset types). During
the past 4 months, how much income did ...
receive from these (Read asset types)?

4720

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

4722

x4 ☐ Lost money – Enter amount of loss in box

If income was shared, count only ...'s share.

OTES

Section 4 — PROGRAM QUESTIONS

CHECK ITEM P1

Is this the reference person's
questionnaire?

4800

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

1 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?

4816

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item P2

b. Was this assistance received in the form of checks, coupons or vouchers sent to this household or were the payments sent directly to a utility company, fuel dealer, or landlord?

4818

- 1 ☐ Checks sent to household
2 ☐ Coupons or vouchers sent to household
3 ☐ Payments sent directly to utility company, fuel dealer, or landlord

4820

4822

Mark (X) all that apply.

c. What was the total amount of the energy assistance received by this household during the past 4 months?

4824

\$. 00

x1 ☐ DK

CHECK ITEM P2

Are there any children 5 to 18 who
live in the household?

4826

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

2 a. Do any of the children in this household usually eat a complete hot lunch offered at school?

4828

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

b. How many children?

4830

Children

c. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?

4832

- 1 ☐ Yes
2 ☐ No — SKIP to 2f

d. How many children?

4834

Children

e. Are the lunches free or are they reduced-price?

4836

- 1 ☐ Free
2 ☐ Reduced-price

4838

Mark (X) all that apply.

f. Do any of the children receive free or reduced-price school breakfasts this school year?

4840

- 1 ☐ Yes
2 ☐ No — SKIP to section 5, page 46

g. How many children?

4842

Children

h. Are the breakfasts free or are they reduced-price?

4844

- 1 ☐ Free
2 ☐ Reduced-price

4846

Mark (X) all that apply.

GO to section 5, part A, page 46

NOTES

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2-4, 5b, 5c, 6	1
Check Item N	1
Check Item R6	4
Check Item R7	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R8	5
Check Item R9	6
Check Item R10	6
Check Item R11	6
Check Item R12	6
Check Item R13	6
Check Item R15	6
Check Item R16	7
Check Item R21	8
Check Item R24	8
Check Item R27	9
Check Item R32	10
Asset Roster, 28b, columns (2) and (3)	11
Check Item R33	11

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Check Item R7	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R8	5
Check Item R9	6
Check Item R10	6
Check Item R11	6
Check Item R12	6
Check Item R13	6
Check Item R15	6
Check Item R16	7
Check Item R21	8
Check Item R24	8
Check Item R27	9
Check Item R32	10
Asset Roster, 28b, columns (2) and (3)	11
Check Item R33	11

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2—4, 5b, 5c, 6	1
Check Item N	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Check Item R8	5
Check Item R9	6
Check Item R10	6
Check Item R11	6
Check Item R12	6
Check Item R-13	6
Check Item R15	6
Check Item R16	7
Check Item R21	8
Check Item R24	8
Check Item R27	9
Asset Roster, 28b, columns (2) and (3)	11
Check Item R32	10
INTERVIEWER: Pretranscribe missing wave information for only those cases which qualify for Missing Wave.	
Missing Wave Statement A (Missing Wave Period)	67
Missing Wave Income Roster (Missing Wave Period and columns (2), (3), and (4))	68
Missing Wave Asset Roster (Missing Wave Period and columns (2), (3), and (4))	70

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Check Item R7	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R8	5
Check Item R9	6
Check Item R10	6
Check Item R11	6
Check Item R12	6
Check Item R13	6
Check Item R15	6
Check Item R16	7
Check Item R21	8
Check Item R24	8
Check Item R27	9
Check Item R32	10
Asset Roster, 28b, columns (2) and (3)	11
Check Item R33	11
Check Item T5	48
Check Item T9	49
Check Item T20	53
INTERVIEWER: Pretranscribe missing wave information for only those cases which qualify for Missing Wave.	
Missing Wave Statement M (Missing Wave Period)	56
Missing Wave Income Roster (Missing Wave Period and columns (2), (3), and (4))	57
Missing Wave Asset Roster (Missing Wave Period and columns (2), (3), and (4))	59

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	11
Check Item R32	10
Check Item T1	46
Check Item T2	46
Check Item T19	54
Check Item T20	54
Check Item T24	57
Check Item T25	57
Check Item T35	62
Check Item T38	65
Check Item T39	65
INTERVIEWER: Pretranscribe missing wave information for only those cases which qualify for Missing Wave.	
Missing Wave Statement M (Missing Wave Period)	67
Missing Wave Income Roster (Missing Wave Period and columns (2), (3), and (4))	68
Missing Wave Asset Roster (Missing Wave Period and columns (2), (3), and (4))	70

LABOR FORCE AND RECEIPIENCY
EARNINGS AND EMPLOYMENT
PART A
INQUIRY

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Asset Roster, 28b, columns (2) and (3)	11
Check Item R32	10
Check Item R33	11
Check Item F1	12a

INTERVIEWER

- A. Pretranscribe missing wave information for only those cases which qualify for Missing Wave.
 - Missing Wave Statement M (Missing Wave Period) 63
 - Missing Wave Income Roster (Missing Wave Period and columns (2), (3), and (4)) . . . 64
 - Missing Wave Asset Roster (Missing Wave Period and columns (2), (3), and (4)) . . . 66
- B. If there is a Feedback Form in your assignment for this person then pretranscribe the feedback questionnaire items according to the instructions in your materials titled "Feedback Form Pretranscription Instructions."

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2-4, 5b, 5c, 6	1
Check Item R6	4
Check Item R7	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	11
Check Item R33	11
Check Item T1	46
Check item T18	52
Household members' names and person numbers in roster and columns	54
INTERVIEWER: Pretranscribe missing wave information for only those cases which qualify for Missing Wave.	
Missing Wave Statement M (Missing Wave Period)	56
Missing Wave Income Roster (Missing Wave Period and columns (2), (3), and (4))	57
Missing Wave Asset Roster (Missing Wave Period and columns (2), (3), and (4))	59

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
2—4, 5b, 5c, 6	1
Check Item R6	4
Check Item R7	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	11
Check Item R33	11
Check Item T1	46

INTERVIEWER: Pretranscribe missing wave information for only those cases which qualify for Missing Wave.

Missing Wave Statement M (Missing Wave Period)	62
Missing Wave Income Roster (Missing Wave Period and columns (2), (3), and (4))	63
Missing Wave Asset Roster (Missing Wave Period and columns (2), (3), and (4))	65

Section 6 – MISSING WAVE

CHECK ITEM M1	Does person number begin with "8" or "9"?	6000	<input type="checkbox"/> Yes — SKIP to Check Item C1, page 68 <input type="checkbox"/> No
CHECK ITEM M2	Was an interview obtained for . . . last reference period? (cc item 44)	6002	<input type="checkbox"/> Yes — SKIP to Check Item C1, page 68 <input type="checkbox"/> No
CHECK ITEM M3	Was an interview obtained two waves ago? (cc item 44)	6004	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item C1, page 68
STATEMENT M → We were unable to obtain information similar to what we've just talked about for . . . for the period _____ through _____. The next few questions help fill in this missing information about . . . 's economic situation during that period.			
1. During the period from (Read missing wave period) _____ through _____ did . . . have a job or business, either full or part time, even for only a few days?		6006	<input type="checkbox"/> Yes — SKIP to 3a <input type="checkbox"/> No
2. Even though . . . did not have a job during that period, did . . . spend any time looking for work or on layoff?		6008	<input type="checkbox"/> Yes — SKIP to 5a <input type="checkbox"/> No — SKIP to Check Item M5
3a. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?		6010	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 3c
b. Was . . . absent without pay from . . . 's job for any FULL weeks during (Read missing wave period) _____ through _____ because of layoff?		6012	<input type="checkbox"/> Yes — SKIP to 3f <input type="checkbox"/> No — SKIP to Check Item M5
c. In which months did . . . have a job or business?		6014 6016 6018 6020	<input type="checkbox"/> First month in period (8 months ago) <input type="checkbox"/> Second month in period (7 months ago) <input type="checkbox"/> Third month in period (6 months ago) <input type="checkbox"/> Fourth month in period (5 months ago)
d. How many weeks in (Read months marked in 3c) did . . . have a job or business? (Show respondent Flashcard W)		6022 6024 6026 6028	<input type="text"/> Weeks in first month (8 months ago) <input type="text"/> Weeks in second month (7 months ago) <input type="text"/> Weeks in third month (6 months ago) <input type="text"/> Weeks in fourth month (5 months ago)
e. Of the weeks that . . . had a job or business, was . . . absent for any full weeks without pay because of layoff?		6030	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4
f. In which months was . . . absent from . . . 's job because of layoff?		6032 6034 6036 6038	<input type="checkbox"/> First month in period (8 months ago) <input type="checkbox"/> Second month in period (7 months ago) <input type="checkbox"/> Third month in period (6 months ago) <input type="checkbox"/> Fourth month in period (5 months ago)
g. How many weeks in (Read months marked in 3f) was . . . absent from . . . 's job because of layoff? (Show respondent Flashcard W)		6040 6042 6044 6046	<input type="text"/> Weeks in first month (8 months ago) <input type="text"/> Weeks in second month (7 months ago) <input type="text"/> Weeks in third month (6 months ago) <input type="text"/> Weeks in fourth month (5 months ago)
CHECK ITEM M4	Is item 3a marked "Yes"?	6048	<input type="checkbox"/> Yes — SKIP to Check Item M5 <input type="checkbox"/> No
4. During this period, when . . . did NOT have a job or business, did . . . spend any time looking for work or on layoff?		6050	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item M5
5a. In which months did . . . spend time looking for work or on layoff (when . . . did NOT have a job or business)?		6052 6054 6056 6058	<input type="checkbox"/> First month in period (8 months ago) <input type="checkbox"/> Second month in period (7 months ago) <input type="checkbox"/> Third month in period (6 months ago) <input type="checkbox"/> Fourth month in period (5 months ago)
b. How many weeks in . . . (Read months marked in 5a) did . . . spend time looking for work or on layoff? (Do not include any weeks already counted in 3g) (Show respondent Flashcard W)		6060 6062 6064 6066	<input type="text"/> Weeks in first month (8 months ago) <input type="text"/> Weeks in second month (7 months ago) <input type="text"/> Weeks in third month (6 months ago) <input type="text"/> Weeks in fourth month (5 months ago)
CHECK ITEM M5	Are any income types listed in the Income Roster (item 6a) or the ISS?	6068	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 6d

INTERVIEWER INSTRUCTION

1. If any income codes (1 – 56), not already listed in the Income Roster (Item 6a), appear on the ISS, transcribe them to the Income Roster.
2. Mark column (5) of the Income Roster for ALL income codes that appear on the ISS.
3. Go to Check Item M6.

Section 6 — MISSING WAVE (Continued)

6a. INCOME ROSTER

The missing wave period covers the 4-month period from _____ through _____.

Line No. (1)	Income type description (2)	Income code (3)	Received 2 waves ago (4)	Received this wave (5)
6070 — 1		6072	6074 1 <input type="checkbox"/>	6076 2 <input type="checkbox"/>
6078 2		6080	6082 1 <input type="checkbox"/>	6084 2 <input type="checkbox"/>
6086 3		6088	6090 1 <input type="checkbox"/>	6092 2 <input type="checkbox"/>
6094 4		6096	6098 1 <input type="checkbox"/>	6100 2 <input type="checkbox"/>
6102 5		6104	6106 1 <input type="checkbox"/>	6108 2 <input type="checkbox"/>
6110 6		6112	6114 1 <input type="checkbox"/>	6116 2 <input type="checkbox"/>
6118 7		6120	6122 1 <input type="checkbox"/>	6124 2 <input type="checkbox"/>
6126 8		6128	6130 1 <input type="checkbox"/>	6132 2 <input type="checkbox"/>
6134 9		6136	6138 1 <input type="checkbox"/>	6140 2 <input type="checkbox"/>
6142 10		6144	6146 1 <input type="checkbox"/>	6148 2 <input type="checkbox"/>

CHECK ITEM M6

Did . . . have any income sources 2 waves ago that . . . did not have this wave? (Only column 4 of the Income Roster is marked)

6150 1 ☐ Yes — Enter income codes in item 6b and read item 6b to respondent.
2 ☐ No — SKIP to Check Item M7

6b. In our visit of 8 months ago, we recorded that . . . received certain types of income that we have not recorded for this visit — namely (Read income types).

(Ask for each income type:)
During the 4-month period (Read missing wave period) from _____ through _____, in which months, if any, did . . . receive (Read income type)?

Income type code	Months received					
	M1 = earliest month in period/M4 = most recent month in period					
	All	M1	M2	M3	M4	None
6152	6154 6 <input type="checkbox"/>	6156 1 <input type="checkbox"/>	6158 2 <input type="checkbox"/>	6160 3 <input type="checkbox"/>	6162 4 <input type="checkbox"/>	6164 5 <input type="checkbox"/>
6166	6168 6 <input type="checkbox"/>	6170 1 <input type="checkbox"/>	6172 2 <input type="checkbox"/>	6174 3 <input type="checkbox"/>	6176 4 <input type="checkbox"/>	6178 5 <input type="checkbox"/>
6180	6182 6 <input type="checkbox"/>	6184 1 <input type="checkbox"/>	6186 2 <input type="checkbox"/>	6188 3 <input type="checkbox"/>	6190 4 <input type="checkbox"/>	6192 5 <input type="checkbox"/>
6194	6196 6 <input type="checkbox"/>	6198 1 <input type="checkbox"/>	6200 2 <input type="checkbox"/>	6202 3 <input type="checkbox"/>	6204 4 <input type="checkbox"/>	6206 5 <input type="checkbox"/>
6208	6210 6 <input type="checkbox"/>	6212 1 <input type="checkbox"/>	6214 2 <input type="checkbox"/>	6216 3 <input type="checkbox"/>	6218 4 <input type="checkbox"/>	6220 5 <input type="checkbox"/>
6222	6224 6 <input type="checkbox"/>	6226 1 <input type="checkbox"/>	6228 2 <input type="checkbox"/>	6230 3 <input type="checkbox"/>	6232 4 <input type="checkbox"/>	6234 5 <input type="checkbox"/>
6236	6238 6 <input type="checkbox"/>	6240 1 <input type="checkbox"/>	6242 2 <input type="checkbox"/>	6244 3 <input type="checkbox"/>	6246 4 <input type="checkbox"/>	6248 5 <input type="checkbox"/>
6250	6252 6 <input type="checkbox"/>	6254 1 <input type="checkbox"/>	6256 2 <input type="checkbox"/>	6258 3 <input type="checkbox"/>	6260 4 <input type="checkbox"/>	6262 5 <input type="checkbox"/>

CHECK ITEM M7

Did . . . have any income sources this wave that . . . did not have 2 waves ago? (Only column 5 of the Income Roster is marked)

6264 1 ☐ Yes — Enter income codes in item 6c and read item 6c to the respondent.
2 ☐ No — SKIP to item 6d

6c. We have recorded during this visit that . . . received certain types of income that . . . was not receiving at the time of our visit 8 months ago — namely (Read income types).

(Ask for each income type:)

During the 4-month period (Read missing wave period) from _____ through _____, in which months, if any, did . . . receive (Read income types)?

Income type code	Months received					
	M1 = earliest month in period/M4 = most recent month in period					
	All	M1	M2	M3	M4	None
6266	6268 6 <input type="checkbox"/>	6270 1 <input type="checkbox"/>	6272 2 <input type="checkbox"/>	6274 3 <input type="checkbox"/>	6276 4 <input type="checkbox"/>	6278 5 <input type="checkbox"/>
6280	6282 6 <input type="checkbox"/>	6284 1 <input type="checkbox"/>	6286 2 <input type="checkbox"/>	6288 3 <input type="checkbox"/>	6290 4 <input type="checkbox"/>	6292 5 <input type="checkbox"/>
6294	6296 6 <input type="checkbox"/>	6298 1 <input type="checkbox"/>	6300 2 <input type="checkbox"/>	6302 3 <input type="checkbox"/>	6304 4 <input type="checkbox"/>	6306 5 <input type="checkbox"/>
6308	6310 6 <input type="checkbox"/>	6312 1 <input type="checkbox"/>	6314 2 <input type="checkbox"/>	6316 3 <input type="checkbox"/>	6318 4 <input type="checkbox"/>	6320 5 <input type="checkbox"/>
6322	6324 6 <input type="checkbox"/>	6326 1 <input type="checkbox"/>	6328 2 <input type="checkbox"/>	6330 3 <input type="checkbox"/>	6332 4 <input type="checkbox"/>	6334 5 <input type="checkbox"/>
6336	6338 6 <input type="checkbox"/>	6340 1 <input type="checkbox"/>	6342 2 <input type="checkbox"/>	6344 3 <input type="checkbox"/>	6346 4 <input type="checkbox"/>	6348 5 <input type="checkbox"/>
6350	6352 6 <input type="checkbox"/>	6354 1 <input type="checkbox"/>	6356 2 <input type="checkbox"/>	6358 3 <input type="checkbox"/>	6360 4 <input type="checkbox"/>	6362 5 <input type="checkbox"/>
6364	6366 6 <input type="checkbox"/>	6368 1 <input type="checkbox"/>	6370 2 <input type="checkbox"/>	6372 3 <input type="checkbox"/>	6374 4 <input type="checkbox"/>	6376 5 <input type="checkbox"/>

Section 6 — MISSING WAVE (Continued)

6d. During the 4-month period (Read missing wave period) from _____ through _____ did . . . receive any income that we haven't talked about?
(Exclude income from a job.)

- 6378
- 1
- ☐
- Yes
- 2
- ☐
- No — SKIP to Check Item M8

6e. What kind of income was it? (Enter income type code at right from Income Source List on page 72a. Ask for each income type —) During which months did . . . receive that type of income?

Income type code	Months received				
	M1 = earliest month in period/M4 = most recent month in period				
	All	M1	M2	M3	M4
6380	6382	6384	6386	6388	6390
	6	1	2	3	4
6392	6394	6396	6398	6400	6402
	6	1	2	3	4
6404	6406	6408	6410	6412	6414
	6	1	2	3	4
6416	6418	6420	6422	6424	6426
	6	1	2	3	4
6428	6430	6432	6434	6436	6438
	6	1	2	3	4
6440	6442	6444	6446	6448	6450
	6	1	2	3	4
6452	6454	6456	6458	6460	6462
	6	1	2	3	4
6464	6466	6468	6470	6472	6474
	6	1	2	3	4

NOTES

Section 6 – MISSING WAVE (Continued)

CHECK ITEM M8

Are any assets listed in the Asset Roster (Item 7a) or the ISS?

6476

1 ☐ Yes

2 ☐ No — SKIP to 7d

INTERVIEWER INSTRUCTION

1. If any asset codes (100—150, 174, 175), not already listed in the Asset Roster (item 7a), appear on the ISS, transcribe them to the Asset Roster.
2. Mark column (5) of the Asset Roster for ALL asset codes that appear on the ISS.
3. Go to Check Item M9.

7a. ASSET ROSTER

The missing wave period covers the 4-month period from _____ through _____.

Line No. (1)	Asset type description (2)	Asset code (3)	Had 2 waves ago (4)	Had this wave (5)
6478 → 1		6480	6482 1 <input type="checkbox"/>	6484 2 <input type="checkbox"/>
6486 2		6488	6490 1 <input type="checkbox"/>	6492 2 <input type="checkbox"/>
6494 3		6496	6498 1 <input type="checkbox"/>	6500 2 <input type="checkbox"/>
6502 4		6504	6506 1 <input type="checkbox"/>	6508 2 <input type="checkbox"/>
6510 5		6512	6514 1 <input type="checkbox"/>	6516 2 <input type="checkbox"/>
6518 6		6520	6522 1 <input type="checkbox"/>	6524 2 <input type="checkbox"/>
6526 7		6528	6530 1 <input type="checkbox"/>	6532 2 <input type="checkbox"/>
6534 8		6536	6538 1 <input type="checkbox"/>	6540 2 <input type="checkbox"/>
6542 9		6544	6546 1 <input type="checkbox"/>	6548 2 <input type="checkbox"/>
6550 10		6552	6554 1 <input type="checkbox"/>	6556 2 <input type="checkbox"/>

CHECK ITEM M9

Did ... have any asset types 2 waves ago that ... did not have this wave? (Only column 4 of the Asset Roster is marked.)

6558

1 ☐ Yes — Enter asset code(s) in item 7b and read item 7b to respondent.

2 ☐ No — SKIP to Check Item M10

7b. In our visit of 8 months ago, we recorded that ... had certain assets that we have not recorded during this visit — namely (Read asset types).

ASK FOR EACH —

Did ... own this asset at any time during the period (Read missing wave period) from _____ through _____.

Asset code

Yes No

6560

6562

1 ☐ 2 ☐

6564

6566

1 ☐ 2 ☐

6568

6570

1 ☐ 2 ☐

CHECK ITEM M10

Did ... have any asset types this wave that ... did not have 2 waves ago? (Only column 5 of the Asset Roster is marked.)

6572

1 ☐ Yes — Enter asset code(s) in item 7c and read item 7c to respondent.

6574

2 ☐ No — SKIP to item 7d

7c. We have recorded during this visit that ... had certain types of assets that ... did not have at the time of our visit 8 months ago — namely (Read asset types).

ASK FOR EACH —

Did ... own this (these) asset(s) at any time during the period (Read missing wave period) from _____ through _____.

Asset code

Yes No

6576

6578

1 ☐ 2 ☐

6580

6582

1 ☐ 2 ☐

6584

6586

1 ☐ 2 ☐

d. During the 4-month period (Read missing wave period) from _____ through _____, did ... have any assets that we haven't talked about?

6588

1 ☐ Yes

2 ☐ No — SKIP to Check Item M11

Section 6 – MISSING WAVE (Continued)

7e. What was the asset type called? (Enter asset code(s) at right from Income Source List on page 72a.)

	Asset code		Asset code
6590	[][]	6592	[][]
6594	[][]	6596	[][]
6598	[][]	6600	[][]
6602	[][]	6604	[][]
6606	[][]	6608	[][]

**CHECK
ITEM M11**

Is Medicare marked on cc item 47?

6610 1 ☐ Yes — SKIP to 9
2 ☐ No

**CHECK
ITEM M12**

Is . . . 65 years of age or older?

6612 1 ☐ Yes — SKIP to 8
2 ☐ No

**CHECK
ITEM M13**

Refer to item 18a, page 7
Does . . . have a work disability?

6614 1 ☐ Yes
2 ☐ No — SKIP to 9

8. During the 4 month period from (Read missing wave period) _____ **through** _____, **was . . . covered by Medicare?**

6616 1 ☐ Yes
2 ☐ No

9. During the 4 month period from (Read missing wave period) _____ **through** _____, **was . . . covered by** (Use local name for Medicaid) **or another public assistance program that pays for medical care?**

6618 1 ☐ Yes
2 ☐ No

**CHECK
ITEM M14**

Is . . . 17 to 49 years of age?

6620 1 ☐ Yes
2 ☐ No — SKIP to Check Item C1, page 68

10. During the 4 month period from (Read missing wave period) _____ **through** _____, **did . . . attend school beyond the high school level including a college, university, or other school?**

6622 1 ☐ Yes
2 ☐ No — SKIP to Check Item C1, page 68

11. Were any of . . . 's educational expenses during the period from (Read missing wave period) _____ **through** _____ **paid for by a Pell (BEOG) Grant, a Guaranteed or National Direct Student Loan, or any other type of scholarship or grant?**

6624 1 ☐ Yes } SKIP to Check Item C1, page 68
2 ☐ No }

NOTES

Section 5 – TOPICAL MODULES

Part A – EDUCATION AND WORK HISTORY

CHECK ITEM T1

Refer to Control Card item 24.
Is ... 16 years of age or over?

8000

- 1 ☐ Yes
2 ☐ No – SKIP to item 1, page 53

1 a. These next questions are about education, health and work experience.

CHECK ITEM T2

Refer to Control Card item 31a.
Was ...'s highest grade attended at least four years of high school?
(Codes 12–26 in cc item 31a.)

8002

- 1 ☐ Yes
2 ☐ No – SKIP to 1e

1 b. In high school what kind of program did ... follow – was it (Read categories) –

Mark (X) only one.

8004

- 1 ☐ Academic or college preparatory?
2 ☐ Vocational?
3 ☐ Business or commercial?
4 ☐ General?
5 ☐ Some other type – Specify

x1 ☐ DK

C. Did ... complete courses in any of the following subjects in high school?

- (1) Algebra
(2) Trigonometry or geometry
(3) Chemistry or physics
(4) 3 or more years of English composition or literature
(5) 2 or more years of a foreign language
(6) 2 or more years of industrial arts, shop, or home economics
(7) 2 or more years of business courses, such as bookkeeping, shorthand, or secretarial typing

8006

Yes No DK
1 ☐ 2 ☐ x1 ☐

8008

1 ☐ 2 ☐ x1 ☐

8010

1 ☐ 2 ☐ x1 ☐

8012

1 ☐ 2 ☐ x1 ☐

8014

1 ☐ 2 ☐ x1 ☐

8016

1 ☐ 2 ☐ x1 ☐

8018

1 ☐ 2 ☐ x1 ☐

d. Was the high school that ... attended a public school or a private school?

8020

- 1 ☐ Public
2 ☐ Private
x1 ☐ DK

CHECK ITEM T3

Refer to Control Card item 31a.
Was ...'s highest grade attended at least one year of college?
(Codes 21–26 in cc item 31a.)

8022

- 1 ☐ Yes – SKIP to 2a
2 ☐ No

1 e. Has ... received a high school diploma?

Include the program known as GED.

8024

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item T5

2 a. In what year did ... first attend college or university?

8026

1 9
x1 ☐ DK

b. What is the highest degree beyond a high school diploma that ... has earned?

8028

- 1 ☐ PhD or equivalent
2 ☐ Professional degree such as Dentistry, Medicine, Law or Theology
3 ☐ Master's Degree
4 ☐ Bachelor's Degree
5 ☐ Associate Degree
6 ☐ Vocational Certificate or diploma
7 ☐ Has not earned a degree
x1 ☐ DK } SKIP to 2f

c. In what calendar year did ... receive his/her highest degree?

8030

1 9
x1 ☐ DK

d. (SHOW FLASHCARD V)

In what field of study did ... receive that degree?

8032

Code Field of study
x1 ☐ DK

CHECK ITEM T4

Did ... receive a degree higher than a Bachelor's degree?
(Box 1, 2, or 3 marked in item 2b.)

8034

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item T5

2 e. In what calendar year did ... receive his/her Bachelor's degree?

8036

1 9
x1 ☐ DK } SKIP to Check Item T5

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

(SHOW FLASHCARD V)	Code	Field of study
2f. In what field of study were the courses that ... took at college or university?	8038	
g. When was the last calendar year in which ... was a student at a college or university?	8040	1 9 OR 1 <input type="checkbox"/> Is still a student x1 <input type="checkbox"/> DK
CHECK ITEM T5 Refer to Control Card item 24: Is ... 65 years of age or over?	8042	1 <input type="checkbox"/> Yes — SKIP to Check Item T9 2 <input type="checkbox"/> No
a. Has ... ever received training designed to help people find a job, improve job skills or learn a new job?	8044	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T9
b. Does ... use this training on ...'s (most recent) job?	8046	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Where did ... receive this training? Mark (X) all that apply.	8048 8050 8052 8054 8056 8058 8060 8062 8064 8066 8068 8070	1 <input type="checkbox"/> Apprenticeship program 2 <input type="checkbox"/> Business, commercial, or vocational school 3 <input type="checkbox"/> Junior or community college 4 <input type="checkbox"/> Program completed at a 4 year college or graduate school 5 <input type="checkbox"/> High school vocational program 6 <input type="checkbox"/> Training program at work 7 <input type="checkbox"/> Military (exclude basic training) 8 <input type="checkbox"/> Correspondence course 9 <input type="checkbox"/> Training or experience received on previous job 10 <input type="checkbox"/> Sheltered workshop 11 <input type="checkbox"/> Vocational rehabilitation centers 12 <input type="checkbox"/> Other
CHECK ITEM T6 Are 2 or more categories marked in item 3c above?	8072	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3e
d. Where did ... receive ...'s latest training?	8074	<input type="text"/> <input type="text"/> Enter code from 3c
e. When did ... receive ...'s (most recent) training?	8076	1 <input type="checkbox"/> Now attending 2 <input type="checkbox"/> 1984 3 <input type="checkbox"/> 1983 4 <input type="checkbox"/> 1982 5 <input type="checkbox"/> 1981 6 <input type="checkbox"/> 1980 7 <input type="checkbox"/> 1979 or before x1 <input type="checkbox"/> DK } SKIP to Check Item T9
f. For how many weeks did ... attend this (most recent) program?	8078 8080	<input type="text"/> <input type="text"/> Weeks OR 1 <input type="checkbox"/> Less than one week x1 <input type="checkbox"/> DK
g. Who paid for this (most recent) program?	8082	1 <input type="checkbox"/> Self or family 2 <input type="checkbox"/> Employer 3 <input type="checkbox"/> Federal, State, or local government 4 <input type="checkbox"/> Someone else
CHECK ITEM T7 Is "1982," "1983," "1984," or "Now attending" marked in item 3e above?	8084	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T9

OTES

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

3h. Since January 1, 1982, has ... received training that was sponsored by any of the following programs —

(1) The Job Training Partnership Act or the Comprehensive Employment Training Act (JTPA or CETA)? 8086

1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2) The Work Incentive Program (WIN)? 8088

1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3) The Job Corps Program? 8090

1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4) The Trade Adjustment Assistance Act? 8092

1 ☐ Yes
2 ☐ No
x1 ☐ DK

CHECK ITEM T8

Is "Yes" marked for one or more of the programs in item 3h?

8094

1 ☐ Yes — Ask 3i—3k for each program marked
2 ☐ No — SKIP to Check Item T9

	PROGRAM 1		PROGRAM 2	
	Code	Name of program	Code	Name of program
Enter code from 3h and name of training program. →	8096		8116	
3i. In what year did ... start his/her (Read name of program) training? <i>If more than one training episode, ask about most recent one first.</i>	8098	1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982	8118	1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982
j. For how many weeks did ... attend this training program?	8100	<input type="text"/> Weeks	8120	<input type="text"/> Weeks
	8102	OR 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK	8122	OR 1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK
k. What type of training program is (was) this? <i>Mark (X) all that apply.</i>	8104	1 <input type="checkbox"/> Classroom training-job skills	8124	1 <input type="checkbox"/> Classroom training-job skills
	8106	2 <input type="checkbox"/> Classroom training-basic education	8126	2 <input type="checkbox"/> Classroom training-basic education
	8108	3 <input type="checkbox"/> On-the-job training	8128	3 <input type="checkbox"/> On-the-job training
	8110	4 <input type="checkbox"/> Job search assistance	8130	4 <input type="checkbox"/> Job search assistance
	8112	5 <input type="checkbox"/> Work experience	8132	5 <input type="checkbox"/> Work experience
	8114	6 <input type="checkbox"/> Other	8134	6 <input type="checkbox"/> Other

CHECK ITEM T9

Is "Worked" marked on the ISS?

8136

1 ☐ Yes
2 ☐ No — SKIP to 4b

4a. These next questions are about the main job that ... was working during the 4-month period.

CHECK ITEM T10

Refer to Check Item E3, page 14 or Check Item S1, page 18.

On ...'s main job, did ... work for an employer or is ... self-employed?

8138

1 ☐ Worked for an employer — SKIP to 5a
2 ☐ Self-employed — SKIP to 5f

4b. In what year did ... last work at a paid job lasting 2 consecutive weeks or more?

8140 1 9 SKIP to 4d

OR

x3 ☐ Never worked for 2 consecutive weeks or more

c. What is the main reason ... never worked 2 consecutive weeks or longer at a job or business?

8142

1 ☐ Taking care of home or family
2 ☐ Ill or disabled
3 ☐ Going to school
4 ☐ Couldn't find work
5 ☐ Didn't want to work
7 ☐ Other
x1 ☐ DK

} SKIP to item 1, page 53

d. At the time ... last worked 2 consecutive weeks or longer, what was the name of ...'s employer or business?

PGM 8 Name of employer or business

8150

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

4e. What kind of company, business, or industry was (Name of employer or business)?	PGM 8	
	8152	
f. Was that business mainly (Read categories) —	8154	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
g. What kind of work was . . . doing on that job?	8156	
h. What were . . . 's main activities or duties?	8158	
i. Did . . . work for an employer on that job or was . . . self-employed?	8160	1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed
CHECK ITEM T11	PGM 7	
Is "1983" or "1984" marked in item 4b, page 48?	8162	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6m
CHECK ITEM T12	8164	
Is "Self-employed" marked in item 4i above?		1 <input type="checkbox"/> Yes — SKIP to 5f 2 <input type="checkbox"/> No
5a. About how many persons are (were) employed by . . . 's employer at the location where . . . works (worked)?	8166	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK
		} SKIP to 5d
b. Does (Did) . . . 's employer operate in more than one location?	8168	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		} SKIP to 5d
c. About how many persons are (were) employed by . . . 's employer at ALL LOCATIONS?	8170	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK
d. Is (Was) . . . a member of a labor union at the time . . . worked at that job?	8172	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
e. Is (Was) . . . covered by a union contract at that job?	8174	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
f. For how many years has . . . worked (did . . . work) at that job or business?	8176	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Years
		OR
	8178	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months
	8180	x1 <input type="checkbox"/> DK
g. What was . . . 's approximate rate of pay before deductions at the time . . . started working at this job? Mark (X) only one.	8182	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Per hour
		OR
	8184	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per week
		OR
	8186	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per month
		OR
	8188	\$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per year
	8190	x1 <input type="checkbox"/> DK

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

ASK OR VERIFY –

5h. How many hours per week does (did) . . . usually work at this job?

8192

Hours

x1 ☐ DK

i. For how many years has (had) . . . done the kind of work that . . . does (did) on this job?

8194

Years

OR

8196

Months

8198

x1 ☐ DK

CHECK ITEM T13

Is "Worked" marked on the ISS?

8200

- 1 ☐ Yes — SKIP to Check Item T14
2 ☐ No

5j. What was the main reason . . . stopped working for (Name of employer or business)?

Mark (X) only one.

8202

- 1 ☐ Layoff, plant closed
2 ☐ Discharged
3 ☐ Found a better job
4 ☐ Retirement
5 ☐ Did not like working conditions
6 ☐ Dissatisfied with earnings
7 ☐ Family or personal reasons
8 ☐ Did not like location
9 ☐ Other — Specify ↓

CHECK ITEM T14

Is . . . 21 years of age or over?

8204

- 1 ☐ Yes
2 ☐ No — SKIP to item 1, page 53

CHECK ITEM T15

Is 10 or more years marked in 5f?

8206

- 1 ☐ Yes — SKIP to 7a
2 ☐ No

ASK OR VERIFY –

Exclude part-time jobs held at the same time as job entered in 5a through 5i.

6a. Did . . . hold a job before the one we have just talked about?

8208

- 1 ☐ Yes
2 ☐ No — SKIP to 7a

b. What was the name of the employer or business . . . worked for at that earlier job?

PGM 8

Name of employer or business

8250

c. What kind of company, business, or industry was (Name of employer or business)?

8252

d. Was that business mainly (Read categories) —

8254

- 1 ☐ Manufacturing?
2 ☐ Wholesale trade?
3 ☐ Retail trade?
4 ☐ Some other kind of business?

e. What kind of work was . . . doing on that job?

8256

f. What were . . . 's main activities or duties?

8258

g. Did . . . work for an employer on that job or was . . . self-employed?

8260

- 1 ☐ Worked for an employer
2 ☐ Self-employed

h. In what year did . . . START working for (Name of employer or business)?

PGM 7

8262

 1 9

x1 ☐ DK

i. In what year did . . . STOP working for (Name of employer or business)?

8264

 1 9

x1 ☐ DK

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

j. How many hours per week did . . . usually work at this job?

8266

Hours

x1 ☐ DK

k. What was . . . 's approximate rate of pay before deductions at the time . . . stopped working on that job?

Mark (X) only one.

8268

 \$

Per hour

OR

8270

 \$ 00

Per week

OR

8272

 \$ 00

Per month

OR

8274

 \$ 00

Per year

8276

x1 ☐ DK

l. How much time was there between the time . . . stopped working for (Name of employer or business) and the time . . . started working at . . . 's current (most recent) main job?

Mark (X) only one.

8278

Weeks

OR

8280

Months

OR

8282

Years

8284

x3 ☐ None

x1 ☐ DK

1. What was the main reason . . . stopped working for (Name of employer or business)?

Mark (X) only one.

8286

- 1 ☐ Layoff, plant closed
- 2 ☐ Discharged
- 3 ☐ Found a better job
- 4 ☐ Retirement
- 5 ☐ Did not like working conditions
- 6 ☐ Dissatisfied with earnings
- 7 ☐ Family or personal reasons
- 8 ☐ Did not like location
- 9 ☐ Other – Specify ↓

a. In what year did . . . first work six straight months or longer at a job or business?

8288

 1 9

- x3 ☐ Never worked 6 straight months at a job or business
- x1 ☐ DK

} SKIP to Check Item T16

b. Since (Year entered in 7a) how many years have there been when . . . worked at least 6 months during the year?

8290

x5 ☐ All years

OR

Years

x1 ☐ DK

c. During the time that . . . has worked, has . . . generally worked full-time or part-time?

8292

- 1 ☐ Full-time
- 2 ☐ Part-time

**CHECK
ITEM T16**

Refer to Control Card item 24:
Is . . . 65 years of age or older?

8294

- 1 ☐ Yes – SKIP to item 1, page 53
- 2 ☐ No

a. People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school or other reasons. Since . . . was 21 years of age, have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?

8296

- 1 ☐ Yes
- 2 ☐ No – SKIP to item 1, page 53

b. From the time . . . was 21 years old, when was the first time that . . . went 6 months or longer without working at a job or business?

8298

 1 9

FROM

8300

 1 9

TO

8302

x1 ☐ DK

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

8c. What was the reason . . . did not work at a job or business during that time?

Mark (X) only one.

8304

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

d. After this first time were there any other periods of 6 months or longer when . . . did not work at a job or business?

8306

- 1 ☐ Yes
2 ☐ No — SKIP to 1, page 53

e. How many other times did this happen?

8308

- 1 ☐ One time
2 ☐ Two times
3 ☐ Three or more times

Ask 8f and 8g for each "Other" time: Maximum of three.

f. When was the (second/third/fourth) time that . . . went 6 months or longer without working at a job or business?

SECOND TIME

8310

FROM
1 9

8312

TO
1 9

8314

OR
x1 ☐ DK

THIRD TIME

8318

FROM
1 9

8320

TO
1 9

8322

OR
x1 ☐ DK

FOURTH TIME

8326

FROM
1 9

8328

TO
1 9

8330

OR
x1 ☐ DK

8g. What was the main reason . . . did not work at a job or business during that time?

8316

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

8324

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

8332

- 1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Other

NOTES

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY

These next few questions are about . . . 's health.

8334

- 1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?

2a. Does . . . have any difficulty seeing words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?

8336

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T17

b. Is . . . able to do this at all?

8338

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM T17**

Is . . . a self-respondent?

8340

- 1 ☐ Yes — Mark 2c through 2e by observation
2 ☐ No — ASK 2c through 2e

2c. Does . . . have any difficulty hearing what is said in a normal conversation with another person? (Using a hearing aid if . . . usually wears one.)

8342

- 1 ☐ Yes
2 ☐ No — SKIP to 2e

d. Is . . . able to do this at all?

8344

- 1 ☐ Yes
2 ☐ No

e. Does . . . have any trouble having his/her speech understood?

8346

- 1 ☐ Yes
2 ☐ No

MARK BY OBSERVATION IF APPARENT.

3. Does . . . generally use an aid to help . . . get around such as crutches, a cane, or a wheelchair?

8348

- 1 ☐ Yes
2 ☐ No

4 a. These next questions ask whether . . . 's health or condition affects . . . 's ability to do certain activities. (If person uses special aids, ask about the ability to do the activity while using the special aids.)

Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?

8350

- 1 ☐ Yes
2 ☐ No — SKIP to 4c

b. Is . . . able to do this at all?

8352

- 1 ☐ Yes
2 ☐ No

c. Does . . . have any difficulty walking for a quarter of a mile — about 3 city blocks?

8354

- 1 ☐ Yes
2 ☐ No — SKIP to 4e

d. Is . . . able to do this at all?

8356

- 1 ☐ Yes
2 ☐ No

e. Does . . . have any difficulty walking up a flight of stairs without resting?

8358

- 1 ☐ Yes
2 ☐ No — SKIP to 4g

f. Is . . . able to walk up a flight of stairs without the help of another person?

8360

- 1 ☐ Yes
2 ☐ No

g. Does . . . have any difficulty getting around outside the house by . . . 's self?

8362

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

h. Does . . . need the help of another person in order to get around outside the house?

8364

- 1 ☐ Yes
2 ☐ No

i. Does . . . have any difficulty getting around inside the house by . . . 's self?

8366

- 1 ☐ Yes
2 ☐ No — SKIP to 4k

j. Does . . . need the help of another person in order to get around inside the house?

8368

- 1 ☐ Yes
2 ☐ No

k. Does . . . have any difficulty getting into and out of bed by . . . 's self?

8370

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T18

l. Does . . . need the help of another person in order to get in and out of bed?

8372

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM T18**

Refer to items 4h, 4j and 4l above.

8374

Does . . . need the help of another person in order to get around or get in and out of bed?

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY — Continued

5a. You mentioned that . . . needed help (getting around/getting in and out of bed.)

Who usually helps . . . (get around/get in and out of bed)?

Mark (X) all that apply.

- SOMEONE FROM OUTSIDE THE HOUSEHOLD**
- 8376 1 ☐ Relative
- 8378 2 ☐ Friend/neighbor
- 8380 3 ☐ Paid employee
- 8382 4 ☐ Someone from a nonprofit organization or agency
- HOUSEHOLD MEMBER**
- 8384 5 ☐ Relative
- 8386 6 ☐ Paid employee
- 8388 7 ☐ Other nonrelative
- 8390 8 ☐ Does not receive help — SKIP to 5c

ASK OR VERIFY —

b. Does . . . (or . . . 's family) pay for any of the help that . . . receives?

- 8392 1 ☐ Yes
- 2 ☐ No

(SHOW FLASHCARD W)

c. What health condition is the main reason . . . has trouble getting around?

- 8394 Code Name of health condition

6a. Because of . . . 's health, does . . . need help to do light housework such as washing dishes, straightening up, or light cleaning?

- 8396 1 ☐ Yes
- 2 ☐ No

b. Does . . . need help to prepare meals for . . . 's self?

- 8398 1 ☐ Yes
- 2 ☐ No

CHECK ITEM T19

Does . . . need help to do housework or prepare meals (is "Yes" marked in either 6a or 6b)?

- 8400 1 ☐ Yes
- 2 ☐ No — SKIP to 8a

7a. Who generally helps . . . with (housework/meal preparation)?

Mark (X) all that apply.

- SOMEONE FROM OUTSIDE THE HOUSEHOLD**
- 8402 1 ☐ Relative
- 8404 2 ☐ Friend/neighbor
- 8406 3 ☐ Paid employee
- 8408 4 ☐ Someone from a nonprofit organization or agency
- HOUSEHOLD MEMBER**
- 8410 5 ☐ Relative
- 8412 6 ☐ Paid employee
- 8414 7 ☐ Other nonrelative
- 8416 8 ☐ Does not receive help — SKIP to 7c

ASK OR VERIFY —

b. Does . . . (or . . . 's family) pay for any of the help that . . . receives with (housework/meal preparation)?

- 8418 1 ☐ Yes
- 2 ☐ No

c. During the past 4 months has . . . received any meals provided by a community service either delivered to home or served in a group setting?

- 8420 1 ☐ Yes
- 2 ☐ No

ASK OR VERIFY —
(SHOW FLASHCARD W)

d. What health condition is the main reason . . . is unable to (do housework/prepare meals)?

- 8422 Code Name of health condition

8a. Does . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?

- 8424 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item T20

b. Who generally helps . . . with such things?

Mark (X) all that apply.

- SOMEONE FROM OUTSIDE THE HOUSEHOLD**
- 8426 1 ☐ Relative
- 8428 2 ☐ Friend/neighbor
- 8430 3 ☐ Paid employee
- 8432 4 ☐ Someone from a nonprofit organization or agency
- HOUSEHOLD MEMBER**
- 8434 5 ☐ Relative
- 8436 6 ☐ Paid employee
- 8438 7 ☐ Other nonrelative
- 8440 8 ☐ Does not receive help — SKIP to Check Item T20

ASK OR VERIFY —

c. Does . . . (or . . . 's family) pay for any of the help that . . . receives in looking after his/her personal needs?

- 8442 1 ☐ Yes
- 2 ☐ No

CHECK ITEM T20

Refer to Control Card item 24.
What is . . . 's age?

- 8444 1 ☐ 15 years — SKIP to 13a
- 2 ☐ 16 to 72 years
- 3 ☐ 73 years or over — SKIP to 13a

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY — Continued

CHECK ITEM T21	Is "Disabled" marked on the ISS for ...?	8446	1 <input type="checkbox"/> Yes — SKIP to 9a 2 <input type="checkbox"/> No
CHECK ITEM T22	Is "Disabled" marked on the control card for ...?	8448	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9b
9a.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8450	1 <input type="checkbox"/> Yes — SKIP to 9c 2 <input type="checkbox"/> No — SKIP to 13a
b.	Does ...'s health or condition limit the kind or amount of work ... can do?	8452	1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to 13a
c.	In what year did ... become limited in the kind or amount of work that ... could do at a job?	8454	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> — If 1984 ask 9d, otherwise SKIP to 9e OR 1 <input type="checkbox"/> Person was limited before person became of working age — SKIP to 10a
d.	In what month did ... become limited? <i>Enter numeric code.</i>	8456	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> Month
e.	Was ... employed at the time ...'s work limitation began?	8458	1 <input type="checkbox"/> Yes — SKIP to 10a 2 <input type="checkbox"/> No
f.	When was the last time ... worked before ...'s work limitation began?	8460	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> OR 1 <input type="checkbox"/> Had never been employed before work limitation began
10a. ASK OR VERIFY — (SHOW FLASHCARD W) What health condition is the main reason for ...'s work limitation?		8462	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> Code Name of health condition
b.	Was this condition caused by an accident or injury?	8464	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T23
c.	Where did the accident or injury take place — was it (Read categories) — <i>Mark (X) only one.</i>	8466	1 <input type="checkbox"/> On your job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In your home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T23	Is "Worked" marked on the ISS?	8468	1 <input type="checkbox"/> Yes — SKIP to Check Item T24 2 <input type="checkbox"/> No
11a.	Does ...'s health or condition prevent ... from working at a job or business?	8470	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12a
b.	In what year did ... become unable to work at a job?	8472	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> — If 1984 ask 11c, otherwise SKIP to 13a OR 1 <input type="checkbox"/> Has never been able to work at a job SKIP to 13a
c.	In what month did ... become unable to work? <i>Enter numeric code.</i>	8474	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> Month } SKIP to 13a
CHECK ITEM T24	Refer to item 8a, page 4. Did ... usually work 35 or more hours per week during the reference period?	8476	1 <input type="checkbox"/> Yes — SKIP to 12b 2 <input type="checkbox"/> No
12a.	Is ... now able to work at a full-time job or is ... only able to work part-time?	8478	1 <input type="checkbox"/> Full time 2 <input type="checkbox"/> Part time
b.	Is ... now able to work regularly or is ... only able to work occasionally or irregularly?	8480	1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only occasionally or irregularly

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

12c. Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?	8482	1 <input type="checkbox"/> Yes, able to do same kind of work 2 <input type="checkbox"/> No, not able to do same kind of work 3 <input type="checkbox"/> Did not work before limitation began
13a. During the past 12 months, was . . . a patient in a hospital overnight or longer?	8484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 14
b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?	8486	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div>
c. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?	8488	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. How many nights in all did . . . spend in a hospital during the past 12 months?	8490	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Nights</div> </div>
e. How many of these nights were in the past 4 months?	8492	x5 <input type="checkbox"/> All nights OR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Nights</div> </div> OR x3 <input type="checkbox"/> None
14. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)	8496	x5 <input type="checkbox"/> All days OR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Days</div> </div> OR x3 <input type="checkbox"/> None
15a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	8498	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> OR x3 <input type="checkbox"/> None – SKIP to 16a
b. How many of these visits or calls were in the past 4 months?	8500	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> OR x3 <input type="checkbox"/> None
16a. Is there a particular clinic, health center, doctor's office or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?	8502	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T25
b. To what kind of place does . . . usually go? <i>Mark (X) only one.</i>	8504	1 <input type="checkbox"/> Doctor's office (private doctor) 2 <input type="checkbox"/> VA or military hospital 3 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 7 <input type="checkbox"/> Other – Specify ↓ <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>
CHECK ITEM T25	8506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T27
Refer to item 27a, page 10. Is . . . covered by a private health insurance plan in . . . 's own name?		
17a. We learned earlier that . . . had health insurance. What is the name of . . . 's health insurance plan?	8508	1 <input type="checkbox"/> Blue Cross/Blue Shield 2 <input type="checkbox"/> Other – Specify ↓ <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> x1 <input type="checkbox"/> DK
b. Does . . . 's health insurance pay for the complete cost of a doctor visit? <i>Mark "No" if policy requires a deductible.</i>	8510	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY — Continued

CHECK ITEM T26	Is "Medicare" marked on the ISS?	8512	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i>
18a.	We learned that . . . was covered by both Medicare and by a private health insurance plan. Does . . . 's private health insurance plan help pay for hospital bills that are not fully covered by Medicare?	8514	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b.	Does . . . 's private health insurance help pay for doctor bills that are not fully covered by Medicare?	8516	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="float: right; text-align: right;">} <i>SKIP to Check Item T29</i></div>
CHECK ITEM T27	Refer to item 27b, page 10. Is . . . covered by private health insurance in somebody else's name?	8518	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T29</i> 2 <input type="checkbox"/> No
CHECK ITEM T28	Is "Medicare" or "Medicaid" marked on the ISS?	8520	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T29</i> 2 <input type="checkbox"/> No
19.	I have recorded that . . . is not covered by a health insurance plan. Is that correct?	8522	1 <input type="checkbox"/> Correct INCORRECT — COVERED BY 2 <input type="checkbox"/> CHAMPUS 3 <input type="checkbox"/> CHAMPVA 4 <input type="checkbox"/> Some other plan <div style="float: right; text-align: right;">} <i>SKIP to Check Item T29</i></div>
(SHOW FLASHCARD X)	20. Which answer on this card best describes why . . . is not covered by health insurance? Mark (X) only one.	8524	1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment 2 <input type="checkbox"/> Can't obtain insurance because of poor health, illness, or age 3 <input type="checkbox"/> Too expensive, can't afford health insurance 4 <input type="checkbox"/> Dissatisfied with previous insurance 5 <input type="checkbox"/> Don't believe in insurance 6 <input type="checkbox"/> Have been healthy, not much sickness in the family, haven't needed health insurance 7 <input type="checkbox"/> Able to go to VA or military hospital for medical care 8 <input type="checkbox"/> Covered by some other health plan 9 <input type="checkbox"/> Other — <i>Specify</i> _____
21.	Were there any periods of time in the past 3 years when . . . was covered by some type of private or government health insurance plan?	8526	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i>
22.	What type of health insurance was this — was it private health insurance or was it some type of government plan?	8528	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Medicaid 3 <input type="checkbox"/> CHAMPUS, CHAMPVA 4 <input type="checkbox"/> Other — <i>Specify</i> _____ x1 <input type="checkbox"/> DK
23a.	When was . . . last covered by health insurance?	8530	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> — If 1984 ask 23b, otherwise <i>SKIP to 24a</i>
b.	Which month?	8532	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> </div> Month
24a.	What was the reason . . . stopped being covered by health insurance?	8534	1 <input type="checkbox"/> Lost job or changed employers 2 <input type="checkbox"/> Spouse (parent) lost job or changed employers 3 <input type="checkbox"/> Death of spouse or parent 4 <input type="checkbox"/> Became divorced or separated 5 <input type="checkbox"/> Became ineligible because of age (i.e. no longer covered by parents' private plan or by Medicaid) 6 <input type="checkbox"/> Other — <i>Specify</i> _____
b.	At the time that . . . stopped being covered by health insurance, did . . . try to find some other type of health insurance?	8536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i>
c.	What was the reason . . . was unable to find some other type of health insurance? Mark (X) only one.	8538	1 <input type="checkbox"/> Could not afford 2 <input type="checkbox"/> Was rejected 3 <input type="checkbox"/> Other — <i>Specify</i> _____

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

CHECK ITEM T29	Refer to control card, item 27. Is . . . the designated parent or guardian of children under 18 who live in the household?	8540	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 59			
25a.	Do any of . . . 's children (under 18) have a long lasting physical condition that limits their ability to walk, run, or play?	8542	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 26a			
b.	Which children? Enter children by age, oldest first.	8544	<div>Person No. <div></div><div></div><div></div> Name</div>	8546	<div>Person No. <div></div><div></div><div></div> Name</div>	
	(SHOW FLASHCARD W)				8548	<div>Person No. <div></div><div></div><div></div> Name</div>
c.	What health condition is the main reason (Name of child) has this difficulty?	8550	<div>Code <div></div><div></div> Name of condition</div>	8552	<div>Code <div></div><div></div> Name of condition</div>	
					8554	<div>Code <div></div><div></div> Name of condition</div>
26a.	Do any of . . . 's children (under 18) have a long lasting mental or emotional problem that limits their ability to learn (or do regular schoolwork)?	8556	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T30			
b.	Which children? Enter children by age, oldest first.	8558	<div>Person No. <div></div><div></div><div></div> Name</div>	8560	<div>Person No. <div></div><div></div><div></div> Name</div>	
					8562	<div>Person No. <div></div><div></div><div></div> Name</div>
CHECK ITEM T30	Are any children 5–17 years old listed in 25b or 26b?	8564	1 <input type="checkbox"/> Yes — Ask 27 for each child 5–17 years old listed in 25b or 26b 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 59			
27.	Is (Name of child) able to attend a regular school? Enter children by age, oldest first.	8566	<div>Person No. <div></div><div></div><div></div> Name</div>	8568	<div>Person No. <div></div><div></div><div></div> Name</div>	
		8572	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8574	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
				8576	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

NOTES

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2238

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

2 MONTHS AGO

2240

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

3 MONTHS AGO

2242

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

4 MONTHS AGO

2244

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

NOTE: Topical module insertions to the core questionnaire are circled.

CHECK ITEM S4

Is "DK" marked in all parts of 7?

2246

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item S5

8. (Information about how much . . . received each month is very important to the results of our survey.) If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months?

2248

- 1 ☐ Yes — Mark Reminder Card, item 4a
2 ☐ No

CHECK ITEM S5

Refer to item 4a, page 18.

Is this business incorporated?

2250

- 1 ☐ Yes — SKIP to 10b
2 ☐ No

CHECK ITEM S6

Has information about the net profit (or loss) for this business already been obtained by another household member?

2252

- 1 ☐ Yes — SKIP to 10b
2 ☐ No

9a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period?

2254

- 1 ☐ Yes
2 ☐ No — SKIP to 10b

b. What was the net profit (or loss) from this business during the 4-month period?

2256

\$.00

2258

x4 ☐ Loss in amount box —
If "Broke even," mark \$1 in box.

SKIP
to 10b

10a. About how much did . . . earn from this business after expenses during the 4-month period?

2260

\$.00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

b. Was . . . self-employed in this business as of (Read last day of the reference period)?

8000

- 1 ☐ Yes
2 ☐ No — SKIP to 11f

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

CHECK ITEM S7

Refer to item 4b, page 18.
Is sole proprietorship marked in 4b?

8002

- 1 ☐ Yes — SKIP to Check Item S8
2 ☐ No

11 a. As of (Read last day of reference period), what percent of this business did . . . own?

8004

Percent

- x1 ☐ DK
x2 ☐ Ref — SKIP to 11f

CHECK ITEM S8

Has the information below about the total value and total debt for this business already been obtained from another household member?

8006

- 1 ☐ Yes — SKIP to 11f
2 ☐ No

b. As of (Read last day of the reference period), what was the total value of this business before figuring in any debts that might be owed against it?

8008

\$. 00 — SKIP to 11d

- x3 ☐ None — SKIP to 11d
x1 ☐ DK
x2 ☐ Ref. — SKIP to 11f

c. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8010

- 1 ☐ Yes — Mark Reminder Card, Item 5a
2 ☐ No

d. As of (Read last day of reference period), what was the total debt owned against this business?

8012

\$. 00 — SKIP to 11f

- x3 ☐ None — SKIP to 11f
x1 ☐ DK
x2 ☐ Ref. — SKIP to 11f

e. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8014

- 1 ☐ Yes — Mark Reminder Card, Item 5b
2 ☐ No

f. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

2262

- 1 ☐ Yes
2 ☐ No — SKIP to first ISS Code or Statement A, page 50

NOTES

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

20d. Was . . . self-employed in this business as of (Read last day of the reference period)?

8016

- 1 ☐ Yes
2 ☐ No — SKIP to first ISS Code or Statement A, page 50

CHECK ITEM S15

Refer to item 15b, page 21.
Is sole proprietorship marked in 15b?

8018

- 1 ☐ Yes — SKIP to Check Item S16
2 ☐ No

21a. As of (Read last day of the reference period), what percent of this business did . . . own?

8020

- Percent
x1 ☐ DK
x2 ☐ Ref. — SKIP to first ISS Code or Statement A, page 50

CHECK ITEM S16

Has the information below about the total value and total debt for this business already been obtained from by another household member?

8022

- 1 ☐ Yes — SKIP to first ISS Code or Statement A, page 50
2 ☐ No

21b. As of (Read last day of the reference period), what is the total value of this business before figuring in any debts that might be owed against it?

8024

- \$. — SKIP to 21d
x3 ☐ None — SKIP to 21d
x1 ☐ DK
x2 ☐ Ref. — SKIP to first ISS Code or Statement A, page 50



c. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8026

- 1 ☐ Yes — Mark Reminder Card, Item 5a
2 ☐ No

d. As of (Read last day of reference period), what was the total debt owed against this business?

8028

- \$. } SKIP to first ISS Code or Statement A, page 50
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. — SKIP to first ISS Code or Statement A, page 50



e. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8030

- 1 ☐ Yes — Mark Reminder Card, Item 5b } SKIP to first ISS Code or Statement A, page 50
2 ☐ No

NOTES

Section 3 — AMOUNTS

Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND NOW ACCOUNTS (ISS Codes 100, 101, 102, and 103)

**CHECK
ITEM A10**

Asset types owned.
Mark (X) all that apply.

4300

1 ☐ ISS code 100 — Regular/Passbook Savings Accounts

4302

2 ☐ ISS code 101 — Money Market Deposit Accounts

4304

3 ☐ ISS code 102 — Certificates of Deposit or other Savings Certificates

4306

4 ☐ ISS code 103 — NOW, Super NOW, or other interest-earning checking accounts

1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA and KEOGH accounts.

**CHECK
ITEM A11**

Interview status of . . . 's spouse.

4308

1 ☐ No spouse in household — Skip to 3b

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted — SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4310

1 ☐ Yes

2 ☐ No — SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4312

\$. 00

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?

4314

\$. 00 — SKIP to 3a

x3 ☐ None — SKIP to 3a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

4316

1 ☐ Yes — Mark Reminder Card, Item 6

2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?

4318

1 ☐ Yes

2 ☐ No — SKIP to next ISS Code or Statement A, page 50

b. What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?

4320

\$. 00

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?

4322

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

} SKIP to next ISS Code or Statement A, page 50

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

4324

1 ☐ Yes — Mark Reminder Card, Item 7

2 ☐ No

} SKIP to next ISS Code or Statement A, page 50

NOTES

Section 3 – AMOUNTS

Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)

CHECK ITEM A12

Asset types owned.
Mark (X) all that apply.

- 4400** 1 ☐ Money Market funds (104)
4402 2 ☐ U.S. Government securities (105)
4404 3 ☐ Municipal or corporate bonds (106)
4406 4 ☐ Other interest-earning assets (107) – *Specify*

1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA and KEOGH accounts.

CHECK ITEM A13

Interview status of . . . 's spouse.

- 4408** 1 ☐ No spouse in household – *SKIP to 3b*
 2 ☐ Interview for spouse not yet conducted
 3 ☐ Interview for spouse already conducted – *SKIP to 3a*

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

- 4410** 1 ☐ Yes
 2 ☐ No – *SKIP to 3b*

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

4412 \$. 00

- x1 ☐ DK
 x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 50*

C. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?



4414 \$. 00 – *SKIP to 3a*

- x3 ☐ None – *SKIP to 3a*
 x1 ☐ DK
 x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 50*

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

- 4416** 1 ☐ Yes – *Mark Reminder Card, Item 8*
 2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

- 4418** 1 ☐ Yes
 2 ☐ No – *SKIP to next ISS Code or Statement A, page 50*

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

4420 \$. 00

- x1 ☐ DK
 x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 50*

C. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?



4422 \$. 00 } *SKIP to next ISS Code or Statement A, page 50*

- x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref. – *SKIP to next ISS Code or Statement A, page 50*

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

- 4424** 1 ☐ Yes – *Mark Reminder Card, Item 9* } *SKIP to next ISS Code or Statement A, page 50*
 2 ☐ No

NOTES

Section 3 – AMOUNTS

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA and KEOGH accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)

4500

- 1 ☐ Yes
2 ☐ NO
x1 ☐ DK } SKIP to 3a

**CHECK
ITEM A14**

Interview status of . . . 's spouse.

4502

- 1 ☐ No spouse in household – SKIP to 2a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 2a

1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?

4504

- \$. 00 – SKIP to 2a
x3 ☐ None – SKIP to 2a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50



c. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?

4506

- 1 ☐ Yes – Mark Reminder Card, Item 10
2 ☐ No

2a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?

4508

- \$. 00 – SKIP to 3a
x3 ☐ None – SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50



b. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?

4510

- 1 ☐ Yes – Mark Reminder Card, Item 11
2 ☐ No

3a. (Besides the money that . . . received in dividends) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?

4512

- 1 ☐ Yes
2 ☐ NO
x1 ☐ DK } SKIP to Check Item A16

**CHECK
ITEM A15**

Interview status of . . . 's spouse.

4514

- 1 ☐ No spouse in household – SKIP to 3c
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 3c

3b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?

4516

- \$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?

4518

- \$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

**CHECK
ITEM A16**

Interview status of . . . 's spouse.

8032

- 1 ☐ No spouse in household – SKIP to 5a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 5a

4a. As of (read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . . 's (husband/wife)?

(If . . . is self-employed and the business is incorporated, exclude the stock held in that business.)

8034

- \$. 00 – SKIP to 4c
x3 ☐ None – SKIP to 5a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50



b. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8036

- 1 ☐ Yes – Mark Reminder Card, Item 12
2 ☐ No

Section 3 — AMOUNTS

Part D — STOCKS AND MUTUAL FUND SHARES (ISS Code 110) — Continued

4c	Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?	8038	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a
d.	As of (Read last day of reference period), what was the amount of the debt or margin account? (If respondent answers "DK," probe for estimate before marking "DK" box)	8040	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</div>
5a	Besides the stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?	8042	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS code or Statement A, page 50
b.	As of (Read the last day of last reference period), what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name? (If . . . is self-employed and the business is incorporated, exclude stock held in that business) ★	8044	<div>\$ <input type="text"/> . <input type="text"/> 00 — SKIP to 5d</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</div>
c.	(This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	8046	1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 13 2 <input type="checkbox"/> No
d.	Was any debt or margin account held against . . . 's stocks or mutual funds as of (Read the last day of the reference period)?	8048	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50
e.	As of (Read last day of reference period), what was the amount of the debt or margin account? (If respondent answers "DK," probe for estimate before marking "DK" box)	8050	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div> <div>} SKIP to next ISS Code or Statement A, page 50</div>

NOTES

Section 3 – AMOUNTS

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that ... owned some rental property.

CHECK ITEM A17

Interview status of ...'s spouse.

4600

- ☐ No spouse in household – SKIP to 3a
- ☐ Interview for spouse not yet conducted
- ☐ Interview for spouse already conducted – SKIP to 3a

2a. Did ... receive any rental income from property owned jointly by ... and ...'s (husband/wife) during the last 4 months?

4602

- ☐ Yes
- ☐ No – SKIP to 2d

Include only property owned entirely by couple.

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$. 00

- x1 ☐ DK
- x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

c. What is your best estimate of the amount that was cleared after expenses?

4606

\$. 00

Enter \$1 in amount box if respondent reports "broke even."

- x1 ☐ DK
- x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50
- x3 ☐ Lost money – Enter amount of loss in box – SKIP to 2e

} SKIP to 2e

d. As of (Read last day of reference period), did ... own any rental property jointly with ...'s (husband/wife)? (Include only property owned entirely by ... and ...'s (husband/wife).)

8052

- ☐ Yes
- ☐ No
- x1 ☐ DK } SKIP to 3a

e. How many properties did ... own jointly with ...'s (husband/wife) as of (Read last day of reference period)?

8054

Number of properties

- x3 ☐ None – SKIP to 3a
- x1 ☐ DK
- x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

f. What type of property(ies) (was it/were they)?

Mark (X) all that apply.

- 8056
- 8058
- 8060
- 8062
- 8064
- 8066

- ☐ Vacation home
- ☐ Other residential property
- ☐ Farm property
- ☐ Commercial property
- ☐ Equipment
- ☐ Other Specify

g. As of (Read the last day of reference period), what was the total market value of the property(ies)?

8068

\$. 00

– SKIP to 2i

- ☐ DK
- ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

h. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8070

- ☐ Yes – Mark Reminder Card, Item 14
- ☐ No

i. Was there a mortgage, deed of trust, or other debt on the property(ies)?

8072

- ☐ Yes
- ☐ No
- ☐ DK } SKIP to 3a

j. As of (Read last day of reference period), how much principal was owed on the property(ies)?

8074

\$. 00

(If respondent answers "DK" probe for estimate before marking "DK" box)

- ☐ DK
- ☐ Ref

3a. Did ... receive rental income from property owned entirely in ...'s OWN name during the last 4 months?

4610

- ☐ Yes
- ☐ No – SKIP to 3d

Section 3 — AMOUNTS (Continued)

Part E — RENTAL INCOME (ISS Code 120) (Continued)

3b. About how much was received in gross rent from this property during the 4-month period?

4612 \$. 00

x1 DK

x2 Ref. — SKIP to next ISS Code or Statement A, page 50

c. What is your best estimate of the amount that was cleared after expenses?

4614 \$. 00

Enter \$1 in amount box if respondent reports "broke even."

x1 DK

x2 Ref. — SKIP to next ISS Code or Statement A, page 50

4616

x4 Lost money — Enter amount of loss in box — SKIP to 3e

} SKIP to 3e

d. As of (Read last day of the reference period), did ... own any rental property in ...'s OWN name?

8076

1 Yes

2 No

x1 DK

} SKIP to 4a

e. How many properties did ... own in ...'s OWN name as of (Read last day of the reference period)?

8078

Number of properties

x3 None — SKIP to 4a

x1 DK

x2 Ref. — SKIP to next ISS Code or Statement A, page 50

f. What type of property(ies) (was it/were they)?

Mark (X) all that apply.

8080

1 Vacation home

8082

2 Other residential property

8084

3 Farm property

8086

4 Commercial property

8088

5 Equipment

8090

6 Other Specify

g. As of (Read last day of reference period), what was the total market value of the property(ies)?

8092

\$. 00

— SKIP to 3i

x1 DK

x2 Ref. — SKIP to next ISS Code or Statement A, page 50

h. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8094

1 Yes

2 No

Mark Reminder Card, Item 15

i. Was there a mortgage, deed of trust, or other debt on the property(ies)?

8096

1 Yes

2 No

x1 DK

} SKIP to 4a

j. As of (Read last day of reference period), how much principal was owed on the property(ies)?

If respondent answers "DK," probe for estimate before marking "DK" box.

8098

\$. 00

x1 DK

x2 Ref. — SKIP to next ISS Code or Statement A, page 50

4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)

4618

1 Yes

2 No

SKIP to 4c

b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?

Enter \$1 in amount box if respondent reports "broke even."

4620

\$. 00

DK

Ref. — SKIP to next ISS Code or Statement A, page 50

4622

x1 Lost money — Enter amount of loss in box — SKIP to 4d

} SKIP to 4d

Section 3 — AMOUNTS (Continued)

Part E — RENTAL INCOME (ISS Code 120) (Continued)

4c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . . 's spouse.)

8100

1 ☐ Yes

2 ☐ No

x1 ☐ DK

} SKIP to next ISS Code or Statement A, page 50

d. How many properties did . . . own jointly with others?

8102

Number of properties

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

e. What type of property(ies) (was it/were they)?

Mark (X) all that apply.

8104

1 ☐ Vacation home

8106

2 ☐ Other residential property

8108

3 ☐ Farm property

8110

4 ☐ Commercial property

8112

5 ☐ Equipment

8114

6 ☐ Other — Specify

f. As of (Read last day of reference period), what was the total market value of the property(ies)?

8116

\$

. 00

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

g. Was there a mortgage, deed of trust, or other debt on the property(ies)?

8118

1 ☐ Yes

2 ☐ No

x1 ☐ DK

} SKIP to 4i

h. As of (Read last day of reference period), how much principal was owed on the property(ies)?

8120

\$

. 00

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

i. As of (Read last day of reference period), what was the total value of . . . 's SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.)

8122

\$

. 00

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

j. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8124

1 ☐ Yes

2 ☐ No

— Mark Reminder Card, Item 16

} SKIP to next ISS Code or Statement A, page 50

NOTES

Section 3 – AMOUNTS

Part F – MORTGAGES, ROYALTIES, AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

CHECK ITEM A18	Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A19	Is ISS Code 130 marked in Check Item A18?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
CHECK ITEM A20	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household – SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1a. Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?		4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
b. During the past 4 months how much interest was paid to ... and ...'s (husband/wife) by the borrower?		4712	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
C. As of (Read last day of reference period), how much principal was owed to ... and ...'s (husband/wife) on this (these) mortgage(s)?		8126	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item A21
2a. (Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?		4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A21
b. (Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?		4716	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item A21
C. As of (Read last day of reference period), how much principal was owed to ... on this (these) mortgage(s)?		8128	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A21	Is ISS Code 140 or 150 marked in Check Item A18?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement A, page 50
3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...'s share.		4720	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Statement A, page 50
		4722	x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
CHECK ITEM A22	Is ISS Code 150 marked in Check Item A18?	8130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement A, page 50
4. As of (Read last day of reference period), what was ...'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.) If investment is jointly owned, count only ...'s share of equity.		8132	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

} SKIP to Statement A, page 50

NOTES

Section 4 — TOPICAL MODULES

Part A — ASSETS AND LIABILITIES

Statement A

Read to respondent: **These next questions concern various assets and liabilities**

1a. Does anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)

8200 1 ☐ Yes
2 ☐ No } **SKIP to 2a**
x1 ☐ DK

b. As of (Read last day of the reference period), how much was owed to . . . ?

8202 \$.
x1 ☐ DK
x2 ☐ Ref.

2a. This question concerns checking accounts which do NOT earn interest. What is your best estimate of the amount of money . . . had in such checking accounts as of (Read last day of the reference period)? (Do not include balances in joint accounts previously reported.)

8204 \$.
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

ASK OR VERIFY —

b. Did . . . own any U.S. Savings Bonds as of (Read last day of the reference period)?

8206 1 ☐ Yes
2 ☐ No — **SKIP to Check Item T1**

c. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned? (Do not count jointly held bonds already reported.)

8208 \$.
1 ☐ Value already reported
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T1

Interview status of . . . 's spouse

8210 1 ☐ No spouse in household — **SKIP to 6b**
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — **SKIP to 6a**

3a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for —

3b. How much was owed as of (Read last day of reference period)?

If respondent answers "DK," probe for estimate before marking "DK" box.

(1) Store bills or credit card bills?

8212 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8214 \$.
x1 ☐ DK
x2 ☐ Ref.

(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance?

8216 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8218 \$.
x1 ☐ DK
x2 ☐ Ref.

(3) Money owed to a private individual who does not live in this household?

8220 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8222 \$.
x1 ☐ DK
x2 ☐ Ref.

4a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for loans obtained through a bank, credit union, or some other financial establishment? Exclude mortgages, vehicle loans, and money owed to brokers.

8224 1 ☐ Yes
2 ☐ No } **SKIP to 5a**
x1 ☐ DK
x2 ☐ Ref.

b. How many such loans did . . . and . . . 's (husband/wife) owe money on as of (Read last day of reference period)?

8226 Number
x1 ☐ DK } **SKIP to 5a**
x2 ☐ Ref.

c. As of (Read last day of reference period), how much was owed on all these loans?

8228 \$.
x1 ☐ DK
x2 ☐ Ref.

If respondent answers "DK," probe for estimate before marking "DK" box.

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

5a. As of (Read last day of reference period), did ... and ...'s (husband/wife) together owe any money for any kind of debt that we haven't yet mentioned?	<div style="border: 1px solid black; padding: 5px;"> 8230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 6a </div>
b. How much was owed on this debt as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 5px;"> 8232 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
6a. Other than any debts owed jointly with ...'s (husband/wife), did ... have any debts, such as credit card bills, loans from a financial institution, or educational loans, in ...'s OWN name only?	<div style="border: 1px solid black; padding: 5px;"> 8234 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T2 </div>
b. As of (Read last day of reference period), did ... owe any money (in ...'s name only) for –	<div style="border: 1px solid black; padding: 5px;"> 6c. If "Yes" to 6b ask – How much was owed as of (Read last day of reference period)? (If respondent answers "DK," probe for estimate before marking "DK" box.) </div>
(1) Store bills or credit card bills?	<div style="border: 1px solid black; padding: 5px;"> 8236 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance?	<div style="border: 1px solid black; padding: 5px;"> 8240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
(3) Money owed to a private individual who does not live in this household?	<div style="border: 1px solid black; padding: 5px;"> 8244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
7a. As of (Read last day of reference period), did ... owe any money (in ...'s name only) for a loan obtained through a bank, credit union or some other financial establishment? Exclude mortgages, vehicle loans, and money owed to brokers.	<div style="border: 1px solid black; padding: 5px;"> 8248 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 8a </div>
b. How many such loans did ... owe money on as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 5px;"> 8250 Number x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 8a </div>
c. As of (Read last day of reference period), how much was owed on all these loans? (If respondent answers "DK," probe for estimate before marking "DK" box.)	<div style="border: 1px solid black; padding: 5px;"> 8252 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
8a. As of (Read last day of reference period), did ... owe any money for any kind of debt that we haven't mentioned? Include educational loans from the Federal Government or schools not previously reported.	<div style="border: 1px solid black; padding: 5px;"> 8254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T2 </div>
b. As of (Read last day of reference period), how much was owed on this debt? (If respondent answers "DK," probe for estimate before marking "DK" box.)	<div style="border: 1px solid black; padding: 5px;"> 8256 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
<div style="background-color: black; color: white; padding: 5px; display: inline-block;">CHECK ITEM T2</div> Refer to CC item 24. Is ... 21 years of age or older?	<div style="border: 1px solid black; padding: 5px;"> 8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement B, page 53 </div>
9a. Does ... have an Individual Retirement Account – an IRA – in ...'s OWN name? (Do not mark "Yes" if ... is only included in spouses IRA account.)	<div style="border: 1px solid black; padding: 5px;"> 8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 10a </div>

Section 4 — TOPICAL MODULES (Continued)

Part A — ASSETS AND LIABILITIES (Continued)

9b. For how many years has ... contributed to ...'s IRA accounts?

8262

Years

x1 ☐ DK

x2 ☐ Ref. — SKIP to 10a

c. As of (Read the last day of the reference period), what is the total balance or market value (including interest earned) of ...'s IRA accounts?

8264

\$ 00 SKIP to 9e

x1 ☐ DK

x2 ☐ Ref. — SKIP to 10a

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8266

1 ☐ Yes — Mark Reminder Card, item 17

2 ☐ No — SKIP to 10a

(SHOW FLASHCARD X)

e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s IRA accounts?

8268

1 ☐ Certificates of deposit or other savings certificates

8270

2 ☐ Money Market Funds

8272

3 ☐ U.S. Government Securities

8274

4 ☐ Municipal or Corporate Bonds

8276

5 ☐ U.S. Savings Bonds

8278

6 ☐ Stocks or Mutual Fund Shares

8280

7 ☐ Other assets — Specify

8282

x1 ☐ DK

10a. Does ... have a KEOGH account in ...'s OWN name?

8284

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref. } SKIP to 11a

b. For how many years has ... contributed to ...'s KEOGH account?

8286

Years

x1 ☐ DK

x2 ☐ Ref. — SKIP to 11a

c. As of (Read last day of the reference period), what was the total balance or market value of assets in ...'s KEOGH account(s)?

8288

\$ 00 — SKIP to 10e

x1 ☐ DK

x2 ☐ Ref. — SKIP to 11a

d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?

8290

1 ☐ Yes — Mark Reminder Card, Item 18

2 ☐ No — SKIP to 11a

(SHOW FLASHCARD X)

e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s KEOGH account(s)?

8292

1 ☐ Certificates of deposit or other savings certificates

8294

2 ☐ Money Market Funds

8296

3 ☐ U.S. Government Securities

8298

4 ☐ Municipal or Corporate Bonds

8300

5 ☐ U.S. Savings Bonds

8302

6 ☐ Stocks or Mutual Fund Shares

8304

7 ☐ Other assets — Specify

8306

x1 ☐ DK

11a. Does ... have any life insurance? (Include group policies provided by employers.)

8308

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref. } SKIP to Statement B, page 53

b. What is the current FACE VALUE of ALL life insurance policies that ... has?

8310

\$ 00

x1 ☐ DK

x2 ☐ Ref.

Section 4 — TOPICAL MODULES (Continued)

Part B — Retirement and Pension Coverage

Statement B

Read to respondent: **These next questions concern retirement and pension coverage.**

CHECK
ITEM T3

Refer to CC item 24.
Is . . . 's age?

8312

- 1 ☐ Less than 25 years of age — *SKIP to Check Item T13, page 59*
2 ☐ 25 to 39 years of age — *SKIP to Check Item T6*
3 ☐ 40 to 65 years of age
4 ☐ 66 years of age or older — *SKIP to Check Item T6*

CHECK
ITEM T4

Is "Worked" marked on the ISS?

8314

- 1 ☐ Yes — *SKIP to 1a*
2 ☐ No

CHECK
ITEM T5

Did . . . spend any time looking for work
or on layoff from a job?

(Is the "Yes" box marked in item 2a
on page 2?)

8316

- 1 ☐ Yes
2 ☐ No — *SKIP to 6a, page 56*

1a. At what age does . . . **EXPECT** to stop
working at a regular job?

8318

Age

- 1 ☐ Never worked — *SKIP to Check Item T13, page 59*
2 ☐ Already stopped — *SKIP to Check Item T6*
3 ☐ Doesn't plan to stop — *SKIP to 1c*
x1 ☐ DK

b. Will . . . be eligible on the basis of . . . 's
own work experience to receive Social
Security (Railroad Retirement) Benefits
when . . . stops working?

8320

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

c. How many years has . . . been employed in
jobs covered by Social Security (Railroad
Retirement)?

8322

Years

- 1 ☐ Less than one year
x3 ☐ None
x1 ☐ DK

CHECK
ITEM T6

Are any employers entered in
question 2a on page 14 or
question 10a on page 16?

8324

- 1 ☐ Yes — *Enter name(s) and job number(s) below*
2 ☐ No — *Skip to Check Item T9, page 56*

(Ask 2a—4l for employer 1 first
then return to question 2a if there
is another employer.)

Employer 1

Employer 2

Employer name

Employer name

Job number

Job number

8326

8328

2a. About how many persons are employed by
(Read employer's name) at the location
where . . . works — would you say (Read
categories)?

8330

- 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1000
or more } *SKIP to 3a*
x1 ☐ DK

8332

- 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1000
or more } *SKIP to 3a*
x1 ☐ DK

b. Does (Read employer's name) operate in
more than one location?

8334

- 1 ☐ Yes
2 ☐ No } *SKIP to 3a*
x1 ☐ DK

8336

- 1 ☐ Yes
2 ☐ No } *SKIP to 3a*
x1 ☐ DK

c. About how many persons are employed by
(Read employer's name) at all locations — would
you say (Read categories)?

8338

- 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1000 or more
x1 ☐ DK

8340

- 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1000 or more
x1 ☐ DK

Section 4 — TOPICAL MODULES (Continued)

Part B — Retirement and Pension Coverage (Continued)

	Employer 1	Employer 2
3a. Does . . . 's employer or union have a retirement plan for any of its employees? <i>(Exclude Social Security and Railroad Retirement.)</i>	8342 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T7</i>	8344 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9, page 56</i>
b. Is . . . included in such a plan?	8346 1 <input type="checkbox"/> Yes — <i>SKIP to 4a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T7</i>	8348 1 <input type="checkbox"/> Yes — <i>SKIP to 4a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T9, page 56</i>
c. Why isn't . . . included in such a plan? <i>Mark (X) all that apply.</i>	8350 1 <input type="checkbox"/> Chose not to belong 8354 2 <input type="checkbox"/> No one in . . . 's type of job can belong 8358 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year 8362 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date 8366 5 <input type="checkbox"/> . . . is too young 8370 6 <input type="checkbox"/> . . . has not worked for this employer long enough 8374 7 <input type="checkbox"/> Other — <i>Specify</i> 8378 x1 <input type="checkbox"/> DK	8352 1 <input type="checkbox"/> Chose not to belong 8356 2 <input type="checkbox"/> No one in . . . 's type of job can belong 8360 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year 8364 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date 8368 5 <input type="checkbox"/> . . . is too young 8372 6 <input type="checkbox"/> . . . has not worked for this employer long enough 8376 7 <input type="checkbox"/> Other — <i>Specify</i> 8380 x1 <input type="checkbox"/> DK
CHECK ITEM T7 Is another employer listed?	8382 1 <input type="checkbox"/> Yes — <i>Ask 2a, page 53 for next employer</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T9, page 56</i>	<i>SKIP to Check Item T9, page 56</i>
4a. Is . . . included in more than one retirement or pension plan on this job?	8384 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8386 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b. Is . . . 's (basic) retirement plan a profit sharing plan?	8388 1 <input type="checkbox"/> Yes — <i>SKIP to 4d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8390 1 <input type="checkbox"/> Yes — <i>SKIP to 4d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
c. Are the retirement benefits of . . . 's (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan? <i>Mark (X) only one.</i>	8392 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK	8394 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK
d. Does (Read employer's name) make payments towards . . . 's (basic) plan?	8396 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8398 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 4 – TOPICAL MODULES (Continued)

Part B – Retirement and Pension Coverage (Continued)

	Employer 1	Employer 2
4e. Does ... make payments toward ...'s (basic) plan? (Include payments deducted from ...'s pay.)	8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4g	8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4g
f. How much does ... contribute toward ...'s (basic) plan?	8404 \$ <input type="text"/> . <input type="text"/> 00 8408 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8412 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8416 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8406 \$ <input type="text"/> . <input type="text"/> 00 8410 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8414 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8418 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
g. How long has ... been included in this (basic) plan? (Include only the years that count toward ...'s retirement benefits.) (If respondent reports years and months, round to full years)	8420 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK	8422 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK
h. If ... were to leave (Read employer's name) now or in the next few months, could ... eventually receive some benefits from this plan upon reaching retirement age?	8424 1 <input type="checkbox"/> Yes – SKIP to 4j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8426 1 <input type="checkbox"/> Yes – SKIP to 4j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
i. Is that because ... has not been included in the plan enough years?	8428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
j. Under this plan, could ...'s retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of ...'s contributions to the plan.)	8432 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8436 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Does (Read employer's name) offer a salary reduction plan, sometimes called either a 401K or 403B plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire.	8438 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T8	8440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T9
l. Does ... participate in this plan?	8442 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8444 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T8 Is another employer listed?	8446 1 <input type="checkbox"/> Yes – Ask 2a, page 53 for next employer 2 <input type="checkbox"/> No – Go to Check Item T9	Go to Check Item T9

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT AND PENSION COVERAGE (Continued)

CHECK ITEM T9	<p>Is . . . self employed? (Are any businesses entered in question 1a on page 18 or question 12 a on page 21?)</p>	<p>8448 1 <input type="checkbox"/> Yes — Enter names and business I.D. numbers below 2 <input type="checkbox"/> No — SKIP to Check Item T10</p>												
<p>Ask 5 for each business owned.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of first business</td><td style="width: 50%;">Name of second business</td></tr> <tr> <td style="height: 20px;"></td><td></td></tr> <tr> <td></td><td></td></tr> <tr> <td>Business I.D. Number</td><td>Business I.D. Number</td></tr> <tr> <td>8450 </td><td>8452 </td></tr> <tr> <td>8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td><td>8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td></tr> </table>	Name of first business	Name of second business					Business I.D. Number	Business I.D. Number	8450 	8452 	8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
Name of first business	Name of second business													
Business I.D. Number	Business I.D. Number													
8450 	8452 													
8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK													
<p>5. Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?</p>														
CHECK ITEM T10	<p>Refer to CC item 24. Is . . . 40 to 64 years of age?</p>	<p>8458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T12</p>												
<p>6a. (Other than the plans we have already talked about) did . . . hold a job in the past from which . . . eventually expects to receive retirement benefits? (Exclude Social Security, Railroad Retirement, and other plans already reported.)</p>		<p>8460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T11</p>												
<p>b. Is this pension plan from — (Read categories) Mark (X) all that apply.</p>		<p>8462 1 <input type="checkbox"/> A private employer? 8464 2 <input type="checkbox"/> Military? 8466 3 <input type="checkbox"/> Federal Government (civilian)? 8468 4 <input type="checkbox"/> State or local governments? 8470 5 <input type="checkbox"/> A union? 8472 6 <input type="checkbox"/> Other — Specify</p>												
<p>c. How many years (altogether) did . . . work on (that job/those jobs)?</p>		<p>8474 Years x1 <input type="checkbox"/> DK</p>												
CHECK ITEM T11	<p>Refer to question 1a, page 53. At what age does . . . expect to stop working at a regular job? Which box is marked in 1a, page 53?</p>	<p>8476 1 <input type="checkbox"/> No entry marked in 1a 2 <input type="checkbox"/> "Already stopped" marked in 1a 3 <input type="checkbox"/> "Doesn't plan to stop" marked in 1a 4 <input type="checkbox"/> "Age" given in 1a 5 <input type="checkbox"/> "DK" marked in 1a</p> <p style="text-align: right;">} SKIP to Check Item T12 } Ask 7</p>												
<p>7. Considering all the retirement plans you have mentioned, including plans with current or past employers and Social Security, how much does . . . EXPECT to receive per year from these plans when . . . retires?</p>		<p>8478 \$. 00 — per year x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>												
CHECK ITEM T12	<p>Are codes 30, 31, 32, 33, 34, or 35 marked on the ISS?</p>	<p>8480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T13, page 59</p>												
<p>Earlier you said . . . received some retirement income other than Social Security.</p>		<p>8482 1 <input type="checkbox"/> Retired from job 2 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T13, page 59</p>												
<p>8a. Did . . . receive these benefits because . . . retired from a job or business or for some other reason?</p>														
<p>The next few questions refer to the job in the past from which . . . received the retirement income. (If . . . received a pension from more than 1 source ask about source of largest retirement income.)</p>		<p>PGM8</p>												
<p>b. What kind of business or industry was . . . 's employer? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>		<p>8484 </p>												

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT AND PENSION COVERAGE (Continued)

ASK OR VERIFY –
8c. Was it mainly –

PGM8

8486

- 1 ☐ Manufacturing?
- 2 ☐ Wholesale trade?
- 3 ☐ Retail trade?
- 4 ☐ Some other kind of business?

d. What kind of work was . . . doing on that job?

PGM8

For example: Electrical engineer, stock clerk,
 typist, farmer.

8488

e. What were . . . 's main activities or duties?

PGM8

For example: Types, keeps account books,
 files, sells cars, operates printing press,
 finishes concrete.

8490

ASK or VERIFY –

PGM8

f. Was . . . an employee of –

8492

- 1 ☐ A private company or union?
- 2 ☐ Federal Government (exclude Armed Forces)?
- 3 ☐ State Government?
- 4 ☐ Local Government?
- 5 ☐ Armed Forces?
- 6 ☐ Unpaid in family business or farm? – SKIP
 to Check Item T13, page 59

**9a. About how many persons were employed by
 that employer at the location . . . worked?**

PGM7

8494

- 1 ☐ Under 25
 - 2 ☐ 25 to 99
 - 3 ☐ 100 to 499
 - 4 ☐ 500 to 999
 - 5 ☐ 1,000 or more
 - x1 ☐ DK
- } SKIP to 9d

**b. Did that employer operate in more than
 one location?**

8496

- 1 ☐ Yes
 - 2 ☐ No
 - x1 ☐ DK
- } SKIP to 9d

**c. About how many persons were employed by
 that employer at ALL LOCATIONS?**

8498

- 1 ☐ Under 25
- 2 ☐ 25 to 99
- 3 ☐ 100 to 499
- 4 ☐ 500 to 999
- 5 ☐ 1,000 or more
- x1 ☐ DK

**d. How many HOURS a week did . . . usually work
 at that job?**

8500

– Hours per week
 x1 ☐ DK

**e. How many WEEKS a year did . . . usually work
 at that job?**

8502

– Weeks per year
 (Include paid vacations and sick leave.)
 x1 ☐ DK

f. How many YEARS did . . . work at that job?

8504

– Years
 x1 ☐ DK

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT AND PENSION COVERAGE (Continued)

9g. In what year did . . . leave that job?

8508

1 9

x1 ☐ DK

h. When . . . left that job, how much was . . . earning (before deductions for taxes or anything else)?

8508

\$. 00

(If self-employed, show NET business income.)

8510

PER –
1 ☐ Week
2 ☐ Month
3 ☐ Year

OR

8512

x1 ☐ DK
x2 ☐ Ref. – SKIP to Check Item T13

i. In what year did . . . begin receiving this pension?

8514

1 9

x1 ☐ DK

j. Was the amount of . . . 's (basic) retirement benefits based on . . . 's years of service and pay, or on the amount of . . . 's contributions to the plan?

8516

1 ☐ Based on years of service and pay
2 ☐ Based on the amount contributed to plan
x1 ☐ DK

k. Did . . . take reduced benefits in order to elect a survivor option?

8518

1 ☐ Yes
2 ☐ No
x1 ☐ DK

l. Has . . . 's retirement pension ever been increased for cost-of-living changes?

8520

1 ☐ Yes – SKIP to 9n
2 ☐ No
x1 ☐ DK

m. Does . . . 's pension plan include a cost-of-living adjustment provision?

8522

1 ☐ Yes
2 ☐ No
x1 ☐ DK

ASK OR VERIFY –

8524

n. Is . . . now covered by a health plan provided through . . . 's former employer?

1 ☐ Yes
2 ☐ No
x1 ☐ DK

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE

**CHECK
ITEM T13**

Is this the reference
person's
questionnaire?

8526

1 ☐ Yes

2 ☐ No – SKIP to Check item M1, page 67

Statement C

Read to respondent: **These next questions concern housing costs and conditions, energy usage, and automobile ownership.**

**CHECK
ITEM T14**

Refer to CC item 14.
Is this housing unit
a mobile home?

8528

1 ☐ Yes – SKIP to Check Item T18, page 61

2 ☐ No

**CHECK
ITEM T15**

Refer to CC item 15.
Tenure

8530

1 ☐ Owned or being bought

2 ☐ Rented for cash – SKIP to 5a

3 ☐ Occupied without cash payment – SKIP to 5b

1 a. ASK OR VERIFY –
Which persons in this
household are the
owners of this home?

Person No.

Name

8532

8534

8536

b. Is this the first home that ...
has owned?

8538

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x7 ☐ Not an owner

c. Is there a mortgage, home
equity loan, or other debt on
this home?

8540

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref. } SKIP to 2a

d. How many mortgages, home
equity loans, or other debts
are there?

8542

Number

x1 ☐ DK

(Ask questions 1e – 1m for first
mortgage and then return to 1e for
the second mortgage or loan.)

e. How much are the required
payments to the lender on
this mortgage?

First mortgage

Second mortgage or loan

8544

\$. 00

PER

8548

1 ☐ Month

2 ☐ Year

3 ☐ Other

OR

8552

x1 ☐ DK

x2 ☐ Ref. – SKIP
to 1g

8546

\$. 00

PER

8550

1 ☐ Month

2 ☐ Year

3 ☐ Other

OR

8554

x1 ☐ DK

x2 ☐ Ref. – SKIP
to 1g

f. Do the required payments
include –

8556

1 ☐ Yes

2 ☐ No

x1 ☐ DK

(1) real estate taxes on property?

8558

1 ☐ Yes

2 ☐ No

x1 ☐ DK

(2) fire hazard insurance?

8560

1 ☐ Yes

2 ☐ No

x1 ☐ DK

8562

1 ☐ Yes

2 ☐ No

x1 ☐ DK

g. How much principal is currently
owed on this mortgage (debt)?
(If possible, please check any
records you may have from the
lender or mortgage company to
obtain the most accurate
estimate available.)

8564

\$. 00 – SKIP
to 1k

x1 ☐ DK

x2 ☐ Ref.

8566

\$. 00 – SKIP
to 1k

x1 ☐ DK

x2 ☐ Ref.

h. In what year was this mortgage
(loan) obtained?

(If mortgage was assumed,
give the original date of the
mortgage.)

8568

1 9 Year

x1 ☐ DK

8570

1 9 Year

x1 ☐ DK

Section 4 — TOPICAL MODULES (Continued)

Part C — HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

	First mortgage	Second loan or mortgage
1i. What was the amount of the mortgage (loan) when it was obtained or last refinanced? (If mortgage was assumed, give the original amount of the mortgage.)	8572 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 2a	8574 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 2a
j. What is the total number of years over which payments are to be made?	8576 <input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK	8578 <input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK
k. What is the current annual interest rate on this mortgage (loan)?	8580 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8582 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
l. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?	8584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
m. Was this mortgage obtained through a State or local program that provides lower cost mortgages? (Exclude Federal programs, such as FHA and VA.)	8588 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T16 Is there another loan or mortgage?	8592 1 <input type="checkbox"/> Yes — Go to 1e 2 <input type="checkbox"/> No — SKIP to 2a	Go to Check Item T17
CHECK ITEM T17 Refer to 1d, page 59. Are there 3 or more mortgages or loans on this home?	8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a	
1n. How much principal is currently owed on all the remaining mortgages or loans not reported previously?	8596 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
2a. What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?	8598 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
b. In what year was this home purchased (inherited/built by owner)?	8600 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK	
ASK OR VERIFY — c. In what year was this house (building) originally built? (Mark when the building was first constructed, not when it was remodeled, added to, or converted.)	8602 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK	
d. What was the purchase price of this home, excluding closing costs and taxes?	8604 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 6a	
e. What was the amount of property taxes paid on this property last year?	8606 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	SKIP to 6a

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

CHECK ITEM T18	Refer to CC item 15. Tenure of mobile home	<div style="border: 1px solid black; padding: 2px;">8608</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Owned <input type="checkbox"/> Rented — SKIP to 5a <input type="checkbox"/> Occupied without cash rent — SKIP to 5b </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented — SKIP to 5a 3 <input type="checkbox"/> Occupied without cash rent — SKIP to 5b </div> </div>
3a.	Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?	<div style="border: 1px solid black; padding: 2px;">8610</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <input type="checkbox"/> Ref </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref </div> </div>
	b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?	<div style="border: 1px solid black; padding: 2px;">8612</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Mobile home only <input type="checkbox"/> Site only <input type="checkbox"/> Site and home </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home </div> </div>
	c. How much are the required payments to the lender for this (these) mortgage(s)? (Include total payment for all mortgage loans.)	<div style="border: 1px solid black; padding: 2px;">8614</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 </div> <div style="width: 35%; text-align: right;"> PER 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Other </div> </div>
		<div style="border: 1px solid black; padding: 2px;">8616</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other </div> <div style="width: 35%; text-align: right;"> OR x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 3e </div> </div>
	d. Do the required payments include — (1) Real estate taxes on property?	<div style="border: 1px solid black; padding: 2px;">8620</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div>
	<div style="border: 1px solid black; padding: 2px;">8622</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div>	
e.	How much principal is currently owed on this (these) mortgage(s)? (If respondent answers "DK," probe for an estimate before marking "DK" box.)	<div style="border: 1px solid black; padding: 2px;">8624</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
	ASK OR VERIFY — f. Is this SITE rented for cash?	<div style="border: 1px solid black; padding: 2px;">8626</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4a </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a </div> </div>
g.	What is the monthly rent for this SITE?	<div style="border: 1px solid black; padding: 2px;">8628</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
		<div style="border: 1px solid black; padding: 2px;">8630</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 — SKIP to 6b </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
4a.	How much do you think this mobile home (and SITE) would sell for today if it were for sale? (If respondent answers "DK," probe for an estimate before marking "DK" box.)	<div style="border: 1px solid black; padding: 2px;">8630</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 — SKIP to 6b </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
	b. What year was this mobile home built?	<div style="border: 1px solid black; padding: 2px;">8632</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1 9 </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK </div> </div>
	c. What is the length of this mobile home in feet?	<div style="border: 1px solid black; padding: 2px;">8634</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Feet </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK </div> </div>
	d. When . . . acquired this mobile home (trailer), what was the purchase price? Do not include the price of the site or closing costs.	<div style="border: 1px solid black; padding: 2px;">8636</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x7 <input type="checkbox"/> Not an owner </div> </div>
		<div style="border: 1px solid black; padding: 2px;">8638</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK </div> </div>
5a.	What is the monthly rent for this unit? (For mobile homes, include total rental payment(s) for home and site.)	<div style="border: 1px solid black; padding: 2px;">8638</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> \$. 00 </div> <div style="width: 35%; text-align: right;"> x1 <input type="checkbox"/> DK </div> </div>
	b. For how long has (Name of reference person) lived in this (apartment/house/mobile home)?	<div style="border: 1px solid black; padding: 2px;">8640</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Years </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Less than one year x1 <input type="checkbox"/> DK </div> </div>
CHECK ITEM T19.	Is this unit a mobile home?	<div style="border: 1px solid black; padding: 2px;">8642</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Yes — SKIP to 6b <input type="checkbox"/> No </div> <div style="width: 35%; text-align: right;"> 1 <input type="checkbox"/> Yes — SKIP to 6b 2 <input type="checkbox"/> No </div> </div>

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

ASK OR VERIFY –

6a. Is this (apartment/house) part of a condominium or cooperative?

8644 1 ☐ Yes
2 ☐ No

b. Do you (the people living here) pay separately (in addition to rent) for –

If "Yes" to 6b ask –
6c. In the past 12 months, what was the average MONTHLY cost for –

(1) Electricity?

8646 1 ☐ Yes
2 ☐ No

8648 Electricity? \$. 00
x1 ☐ DK

(2) Natural or bottled gas?

8650 1 ☐ Yes
2 ☐ No

8652 Natural or bottled gas? \$. 00
x1 ☐ DK

(3) Heating oil, coal, kerosene, wood, or any other fuel?

8654 1 ☐ Yes
2 ☐ No

the average MONTHLY cost for –
8656 Oil, coal, kerosene, wood, and any other fuel? \$. 00
x1 ☐ DK

CHECK ITEM 20

Refer to CC items 16a and 16b –
Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?

8658 1 ☐ In a public housing project – SKIP to 9a
2 ☐ Subsidized – SKIP to 9a
3 ☐ Neither public nor subsidized

7a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.

8660 1 ☐ Yes
2 ☐ No } SKIP to Check Item T21
x1 ☐ DK

b. Which persons in this household are the owners of this (these) property(ies)?

Person No. Name

8662
8664

c. What is the total value of (Read persons names) equity in this (these) property(ies)? (By equity we mean the amount that could be obtained by selling the property and paying off any debts.)

Count only share owned by household members.

8666 \$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T21

Refer to CC item 15.
Is this unit owner occupied?

8668 1 ☐ Yes – SKIP to 10a
2 ☐ No

CHECK ITEM T22

Is one or more of the following marked on the ISS for . . . – code 3 (SSI), codes 20–27 (welfare programs) or code 173 (Medicaid)?

8670 1 ☐ Yes
2 ☐ No – SKIP to 10a

8a. Is (Name of reference person) on a waiting list for public or subsidized housing?

8672 1 ☐ Yes – SKIP to 10a
2 ☐ No

b. Has (Name of reference person) applied for public or subsidized housing during the past 5 years?

8674 1 ☐ Yes
2 ☐ No } SKIP to 10a
x1 ☐ DK

9a. Has (Name of reference person) received housing assistance for the entire period that he/she has lived at this address?

8676 1 ☐ Yes
2 ☐ No
x1 ☐ DK

b. Do you (the people living here) have to report your income to a local government agency or housing authority every year so that they can figure out your rent?

8678 1 ☐ Yes
2 ☐ No
x1 ☐ DK

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

10a. Altogether, how many rooms do you have in this house (apartment)?

(Count bedrooms, living rooms, kitchens, and family rooms. Do not count bathrooms, porches, balconies, foyers, halls, or halfrooms.)

8680

Number of rooms

x1 ☐ DK

x2 ☐ Ref.

b. How many stories (floors) are in this house (building)?

(Count an attic or basement as a story if it has any finished rooms for living purposes.)

8682

Number of stories

x1 ☐ DK

x2 ☐ Ref.

c. What is the main fuel used for HEATING your home?

Mark (X) the ONE used most.

8684

- 1 ☐ Gas from underground pipes serving the neighborhood
- 2 ☐ Bottled, tank, or LP gas
- 3 ☐ Fuel oil
- 4 ☐ Kerosene or coal oil
- 5 ☐ Electricity
- 6 ☐ Coal or coke
- 7 ☐ Wood
- 8 ☐ Solar heat
- 9 ☐ Other fuel
- 10 ☐ No fuel used
- x1 ☐ DK

d. Which fuel is used MOST for HEATING WATER (other than just cooking purposes)?

Mark (X) the ONE used most.

8686

- 1 ☐ Gas from underground pipes serving the neighborhood
- 2 ☐ Bottled, tank, or LP gas
- 3 ☐ Fuel oil
- 4 ☐ Kerosene or coal oil
- 5 ☐ Electricity
- 6 ☐ Coal or coke
- 7 ☐ Wood
- 8 ☐ Solar collectors
- 9 ☐ Other fuel
- 10 ☐ No fuel used
- x1 ☐ DK

e. Thinking of all the different kinds of cooking done here, including cooking in the oven, on a range, and with small appliances, which fuel is used most?

8688

- 1 ☐ Gas from underground pipes serving the neighborhood
- 2 ☐ Bottled, tank, or LP gas
- 3 ☐ Fuel oil
- 4 ☐ Kerosene or coal oil
- 5 ☐ Electricity
- 6 ☐ Coal or coke
- 7 ☐ Wood
- 8 ☐ Other — Specify _____
- 9 ☐ No cooking done

f. Do you have air-conditioning equipment, either a central system or individual window or wall units?

8690

- 1 ☐ Yes
- 2 ☐ No — SKIP to 11

g. Do you have a central system?

8692

- 1 ☐ Yes — SKIP to 11
- 2 ☐ No

h. How many room or wall units do you have?

8694

Room units

x1 ☐ DK

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

11. Please tell me which of these you USE here in your (house/apartment)?

(1) Range (stove-top or burners) 8696 1 ☐ Yes
2 ☐ No

(2) Oven (do not count toaster ovens) 8698 1 ☐ Yes
2 ☐ No

(3) Refrigerator 8700 1 ☐ Yes
2 ☐ No

(4) Freezer (separate appliance from the refrigerator) 8702 1 ☐ Yes
2 ☐ No

(5) Clothes washer 8704 1 ☐ Yes
2 ☐ No

(6) Clothes dryer 8706 1 ☐ Yes
2 ☐ No

(7) Dishwasher 8708 1 ☐ Yes
2 ☐ No

(8) Black and white television sets 8710 1 ☐ Yes
2 ☐ No

(9) Color television set 8712 1 ☐ Yes
2 ☐ No

12a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

8714 1 ☐ Yes
2 ☐ No – SKIP to 13a

b. How many cars, trucks, or vans are owned by members of this household?

8716 Number of motor vehicles

(Ask items 12c–12f for vehicle 1 and then return to 12c for additional vehicles.)

c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?

Vehicle 1

Person number
8718
Name

Vehicle 2

Person number
8720
Name

Vehicle 3

Person number
8722
Name

Person number
8724
Name

Person number
8726
Name

Person number
8728
Name

d. What is the year, make, and model of this vehicle?

8730 1 9
x1 ☐ DK
Make

8736 x1 ☐ DK
Model

8742 x1 ☐ DK

8732 1 9
x1 ☐ DK
Make

8738 x1 ☐ DK
Model

8744 x1 ☐ DK

8734 1 9
x1 ☐ DK
Make

8740 x1 ☐ DK
Model

8746 x1 ☐ DK

OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

8748

8750

8752

Section 4 — TOPICAL MODULES (Continued)

Part C — HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

12b. Is this vehicle owned free and clear, or is there still money owed on it?	Vehicle 1		Vehicle 2		Vehicle 3	
	8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T23 x1 <input type="checkbox"/> DK		8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T23 x1 <input type="checkbox"/> DK		8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 13a x1 <input type="checkbox"/> DK	
f. How much is currently owed for this vehicle? (If respondent answers "DK," probe for estimate before marking "DK" box.)	8760 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		8762 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		8764 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	CHECK ITEM T23 Is there another vehicle which has not been asked about?		8766 1 <input type="checkbox"/> Yes — Ask 12c for next vehicle 2 <input type="checkbox"/> No — Go to 13a		8768 1 <input type="checkbox"/> Yes — Ask 12c for next vehicle 2 <input type="checkbox"/> No — Go to 13a Go to 13a	
13a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle? Mark (X) all that apply.						
8770 1 <input type="checkbox"/> Motorcycle 8772 2 <input type="checkbox"/> Boat 8774 3 <input type="checkbox"/> Recreational vehicle (RV) 8776 4 <input type="checkbox"/> Other — Specify _____ 8778 5 <input type="checkbox"/> No — SKIP to Check Item P1, page 66						
Ask items 13b — 13e for each vehicle —						
b. Who is (are) the owner(s) of the (first/second) (Read category marked in 13a)?	Vehicle 1			Vehicle 2		
	8780 Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>			8782 Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>		
c. If this vehicle were sold, what would it sell for in its present condition? (If respondent answers "DK," probe for estimate before marking "DK" box.)	8784 Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>			8786 Person number <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>		
	8788 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item T24			8790 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item P1, page 66		
d. Is this vehicle owned free and clear, or is there still money owed on it?	8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T24 x1 <input type="checkbox"/> DK			8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item P1, page 66 x1 <input type="checkbox"/> DK		
	e. How much is currently owed for this vehicle? (If respondent answers "DK," probe for estimate before marking "DK" box.)			8796 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
8798 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.			8798 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.			
CHECK ITEM T24 Are there any other vehicles which have not been asked about?						
8800 1 <input type="checkbox"/> Yes — Ask 13b for next vehicle 2 <input type="checkbox"/> No — Go to Check Item P1, page 66 Go to Check Item P1, page 66						

NOTES

Section 5 — TOPICAL MODULES

Part A — CHILD CARE

CHECK ITEM T1

Is . . . the designated parent or guardian of children under 15 years of age who live in this household?

8000

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T5

CHECK ITEM T2

Is "Worked" marked on the ISS for . . . ?

8002

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T5

CHECK ITEM T3

Enter names, ages and person numbers of children under 15, beginning with the youngest.

Ask 1a—1f for youngest child and then repeat for second and third youngest child.

YOUNGEST

SECOND YOUNGEST

THIRD YOUNGEST

Person No.
8004

Name

Age

Person No.
8006

Name

Age

Person No.
8008

Name

Age

1a. Now we have a few questions about how the children are cared for while . . . works.

During (Last month) **what was** (Name of child) **usually doing or how was** (Name of child) **usually cared for during most of the hours that . . . worked?**

Mark the arrangement in which the child spent the most hours in a typical week.

Mark (X) only one box.

8010

- 1 ☐ Child's other parent/stepparent
2 ☐ Child's brother/sister 15+
3 ☐ Child's brother/sister under 15
4 ☐ Child's grandparent
5 ☐ Other relative of child
6 ☐ Nonrelative of child
7 ☐ Child in day/group care center
8 ☐ Child in nursery/preschool
9 ☐ Child in kindergarten, elementary or secondary school
10 ☐ Child cares for self
11 ☐ . . . works at home
12 ☐ . . . cares for child at work
13 ☐ Child not born as of last month
14 ☐ . . . did not work last month

SKIP to 1c

SKIP to next child or Check Item T5

SKIP to Check Item T5

8012

- 1 ☐ Child's other parent/stepparent
2 ☐ Child's brother/sister 15+
3 ☐ Child's brother/sister under 15
4 ☐ Child's grandparent
5 ☐ Other relative of child
6 ☐ Nonrelative of child
7 ☐ Child in day/group care center
8 ☐ Child in nursery/preschool
9 ☐ Child in kindergarten, elementary or secondary school
10 ☐ Child cares for self
11 ☐ . . . works at home
12 ☐ . . . cares for child at work
13 ☐ Child not born as of last month

SKIP to 1c

SKIP to next child or Check Item T5

8014

- 1 ☐ Child's other parent/stepparent
2 ☐ Child's brother/sister 15+
3 ☐ Child's brother/sister under 15
4 ☐ Child's grandparent
5 ☐ Other relative of child
6 ☐ Nonrelative of child
7 ☐ Child in day/group care center
8 ☐ Child in nursery/preschool
9 ☐ Child in kindergarten, elementary or secondary school
10 ☐ Child cares for self
11 ☐ . . . works at home
12 ☐ . . . cares for child at work
13 ☐ Child not born as of last month

SKIP to 1c

SKIP to Check Item T5

b. Where was (Name of child) **usually cared for under this arrangement?**

8016

- 1 ☐ Child's home
2 ☐ Other private home
3 ☐ Other place — Specify

8018

- 1 ☐ Child's home
2 ☐ Other private home
3 ☐ Other place — Specify

8020

- 1 ☐ Child's home
2 ☐ Other private home
3 ☐ Other place — Specify

c. Was (Name of child) **usually cared for this way during all of the hours that . . . worked?**

8022

- 1 ☐ Yes — SKIP to next child or Check Item T4
2 ☐ No

8024

- 1 ☐ Yes — SKIP to next child or Check Item T4
2 ☐ No

8026

- 1 ☐ Yes — SKIP to Check Item T4
2 ☐ No

d. About how many hours per week was (Name of child) **usually cared for under this arrangement while . . . was at work?**

8028

Hours

8030

Hours

8032

Hours

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
1e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked? <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i> <i>Mark (X) only one box.</i>	8034 <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister 15 + <input type="checkbox"/> 3 Child's brother/sister under 15 <input type="checkbox"/> 4 Child's grandparent <input type="checkbox"/> 5 Other relative of child <input type="checkbox"/> 6 Nonrelative of child <input type="checkbox"/> 7 Child in day/group care center <input type="checkbox"/> 8 Child in nursery/preschool <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work <i>SKIP to next child or Check Item T4</i>	8036 <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister 15 + <input type="checkbox"/> 3 Child's brother/sister under 15 <input type="checkbox"/> 4 Child's grandparent <input type="checkbox"/> 5 Other relative of child <input type="checkbox"/> 6 Nonrelative of child <input type="checkbox"/> 7 Child in day/group care center <input type="checkbox"/> 8 Child in nursery/preschool <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work <i>SKIP to next child or Check Item T4</i>	8038 <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister 15 + <input type="checkbox"/> 3 Child's brother/sister under 15 <input type="checkbox"/> 4 Child's grandparent <input type="checkbox"/> 5 Other relative of child <input type="checkbox"/> 6 Nonrelative of child <input type="checkbox"/> 7 Child in day/group care center <input type="checkbox"/> 8 Child in nursery/preschool <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work <i>SKIP to Check Item T4</i>
f. Where was (Name of child) usually cared for under this other arrangement?	8040 <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place – <i>Specify</i> _____	8042 <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place – <i>Specify</i> _____	8044 <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place – <i>Specify</i> _____
CHECK ITEM T4	Are any of the children cared for by a "Grandparent," "Other relative of child," "Nonrelative of child," "Day/Group Care center," or "Nursery or preschool"? (Codes 4, 5, 6, 7, or 8 marked in 1a or 1e) 8046 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to Check Item T5</i>		
2a. Did ... (or ...'s family) usually pay (cash) for any of the child care that ...'s children received? <i>Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school.</i>	8048 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 2c</i>		
b. In a typical week, how much did ... (or ...'s family) pay for child care (for all children receiving child care)?	8050 \$ _____ . 00 Per week		
c. (Besides any cash payment) Did ... pay for any child care through a noncash arrangement such as providing room and board or exchanging child care services?	8052 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		
3. During the month of (last month) did ... (or ...'s spouse) lose any time from work because the person who usually took care of the child (children) was not available?	8054 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		

NOTES

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part B — WELFARE HISTORY AND CHILD SUPPORT

CHECK ITEM T5	Is ... 18 years of age or over?	8056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T12
4a. These next questions are about certain government programs.		
CHECK ITEM T6	Is "Food stamps" (code 27) marked on the ISS?	8058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a
b. For how long has ... been authorized to receive food stamps?		8060 <input type="text"/> <input type="text"/> Years OR 8062 <input type="text"/> <input type="text"/> Months 8064 x1 <input type="checkbox"/> DK
c. Besides this period of time, have there been any other times when ... was authorized to receive food stamps?		8066 1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No — SKIP to Check Item T7
5a. Has ... ever applied for the Federal Government's Food Stamp Program?		8068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
b. Has ... ever been authorized to receive food stamps?		8070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
6a. When did ... first start receiving food stamps?		8072 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8074 x1 <input type="checkbox"/> DK
b. For how long did ... receive food stamps that first time?		8076 <input type="text"/> <input type="text"/> Years OR 8078 <input type="text"/> <input type="text"/> Months 8080 x1 <input type="checkbox"/> DK
c. How many times in all have there been when ... was authorized to receive food stamps?		8082 <input type="text"/> <input type="text"/> Times 8084 x1 <input type="checkbox"/> DK
CHECK ITEM T7	Is ... a designated parent or guardian of children under 18 who live in this household?	8086 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T9
CHECK ITEM T8	Is "AFDC" (code 20) marked on the ISS?	8088 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a
7a. For how long has ... been receiving AFDC (ADC)?		8090 <input type="text"/> <input type="text"/> Years OR 8092 <input type="text"/> <input type="text"/> Months 8094 x1 <input type="checkbox"/> DK
b. Besides this period of time, have there been any other times when ... received AFDC (ADC)?		8096 1 <input type="checkbox"/> Yes — SKIP to 9a 2 <input type="checkbox"/> No — SKIP to Check Item T9
8a. Has ... ever applied for benefits from the program called AFDC — Aid to Families With Dependent Children (or ADC)?		8098 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T9
b. Has ... ever received AFDC (ADC) benefits?		8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T9
9a. When did ... first start receiving AFDC (ADC) benefits?		8102 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8104 x1 <input type="checkbox"/> DK
b. For how long did ... receive AFDC (ADC)?		8106 <input type="text"/> <input type="text"/> Years OR 8108 <input type="text"/> <input type="text"/> Months 8110 x1 <input type="checkbox"/> DK

Section 5 — TOPICAL MODULES (Continued)

Part B — WELFARE HISTORY AND CHILD SUPPORT (Continued)

9C. How many times in all have there been when . . . received AFDC (ADC)?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8112</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="margin-left: 10px;">Times</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8114</div> <div style="margin-right: 5px;">x1</div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> DK </div> </div>
CHECK ITEM T9 Is . . . 65 years of age or over?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8116</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes — SKIP to Check Item T11</div> <div><input type="checkbox"/> No</div> </div> </div>
CHECK ITEM T10 Is "Disabled" (code 171) marked on the control card or ISS?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8118</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T12</div> </div> </div>
CHECK ITEM T11 Is "SSI" (codes 3 or 4) marked on the ISS?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8120</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to 11a</div> </div> </div>
0. For how long has . . . been receiving SSI benefits?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8122</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="margin-left: 10px;">Years</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8124</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="margin-left: 10px;">Months</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8126</div> <div style="margin-right: 5px;">x1</div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> DK </div> </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div style="margin-left: 10px; text-align: center;">SKIP to Check Item T12</div>
1a. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8128</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T12</div> </div> </div>
b. Has . . . ever received SSI benefits?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8130</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T12</div> </div> </div>
c. When did . . . first start receiving SSI?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8132</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">1</div> <div style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">9</div> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8134</div> <div style="margin-right: 5px;">x1</div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> DK </div> </div>
d. For how long did . . . receive SSI?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8136</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="margin-left: 10px;">Years</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8138</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="margin-left: 10px;">Months</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8140</div> <div style="margin-right: 5px;">x1</div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> DK </div> </div>
CHECK ITEM T12 Is . . . the female parent of children under 21 years of age who live in this household?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8142</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T16</div> </div> </div>
CHECK ITEM T13 Is "Child Support Payments" (code 28) marked on the ISS?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8144</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes — SKIP to 13b</div> <div><input type="checkbox"/> No</div> </div> </div>
CHECK ITEM T14 What is . . . 's marital status?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8146</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Married</div> <div><input type="checkbox"/> Widowed — SKIP to Check Item T16</div> <div><input type="checkbox"/> Divorced</div> <div><input type="checkbox"/> Separated</div> <div><input type="checkbox"/> Never married</div> </div> </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div style="margin-left: 10px; text-align: center;">SKIP to 13a</div>
ASK OR VERIFY — 2a. Has . . . ever been divorced?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8148</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T16</div> </div> </div>
b. Does . . . have any children living here from a marriage that ended in divorce?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8150</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T16</div> </div> </div>
3a. This next question concerns child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8152</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T15</div> </div> </div>
b. This next question is about . . . 's (most recent) child support agreement. Was . . . 's child support agreement a voluntary written agreement, a court-ordered agreement, or something else?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8154</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Voluntary written agreement</div> <div><input type="checkbox"/> Court-ordered agreement</div> <div><input type="checkbox"/> Other — Specify</div> </div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px; width: 100%;"></div>
c. How were the payments to be received — were they (Read categories)?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8156</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Directly from the father?</div> <div><input type="checkbox"/> Through a court?</div> <div><input type="checkbox"/> Through the welfare agency?</div> <div><input type="checkbox"/> Some other method?</div> </div> </div>
d. Did the agreement specify joint custody of the children?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8158</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> </div>
ASK OR VERIFY — e. Is . . . still supposed to receive child support payments?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8160</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No — SKIP to Check Item T15</div> </div> </div>

Section 5 – TOPICAL MODULES (Continued)

Part B – WELFARE HISTORY AND CHILD SUPPORT (Continued)

13f. How regularly are the child support payments received – would you say regularly, occasionally, seldom, or never?

- 8162** 1 ☐ Regularly
 2 ☐ Occasionally
 3 ☐ Seldom
 4 ☐ Never

g. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months?

8164 \$. 00

OR

8166 x1 ☐ DK – SKIP to Check Item T15

h. What is the total amount that . . . actually received in child support payments during the past 12 months?

8168 \$. 00

OR

8170 x3 ☐ None

OR

8172 x1 ☐ DK

**CHECK
ITEM T15**

Is "AFDC" (code 20) marked on the ISS for . . . ?

- 8174** 1 ☐ Yes – SKIP to Check Item T16
 2 ☐ No

13i. Has . . . ever contacted a child support enforcement office for aid in obtaining child support?

- 8176** 1 ☐ Yes
 2 ☐ No – SKIP to Check Item T16

j. Did . . . receive any help from that office?

- 8178** 1 ☐ Yes
 2 ☐ No – SKIP to Check Item T16

k. What type of help did the office provide?

Mark (X) all that apply.

- 8180** 1 ☐ Locate the father
8182 2 ☐ Establish paternity
8184 3 ☐ Establish support obligation
8186 4 ☐ Enforce support order
8188 5 ☐ Obtain collection
8190 6 ☐ Other – Specify _____

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — REASONS FOR NOT WORKING/RESERVATION WAGE

CHECK ITEM T16	Is "Worked" marked on the ISS?	8192	<input type="checkbox"/> Yes — SKIP to Check Item T18 <input type="checkbox"/> No
CHECK ITEM T17	Did . . . spend time looking for work or on layoff from a job? (See item 2a, page 2)	8194	<input type="checkbox"/> Yes — SKIP to 15a <input type="checkbox"/> No — SKIP to Check Item T20, page 53
CHECK ITEM T18	Did . . . work at a job or business either full or part time during EACH of the weeks in this period? (See item 5a, page 2)	8196	<input type="checkbox"/> Yes — SKIP to 18a, page 54 <input type="checkbox"/> No
14.	ASK OR VERIFY — Did . . . work at a job or business (or was . . . on paid leave) during the last week of (last month)?	8198	<input type="checkbox"/> Yes — SKIP to 18a, page 54 <input type="checkbox"/> No
15a.	This next question concerns the last week of (last month). Was . . . on layoff from a job during that week?	8200	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 16a
b.	For how many weeks had . . . been on layoff up until that time?	8202	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Weeks x1 <input type="checkbox"/> DK
c.	ASK OR VERIFY — Does . . . now have a job or business?	8204	<input type="checkbox"/> Yes — SKIP to 15f <input type="checkbox"/> No
d.	Does . . . expect to be called back to that job?	8206	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15f
e.	Does . . . have a specific date to return to work?	8208	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	What wage or salary was . . . receiving at the time . . . was laid off that job? Mark only one.	8210	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Per hour OR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per week OR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per month OR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 00 Per year x1 <input type="checkbox"/> DK
16a.	ASK OR VERIFY — Did . . . spend any time looking for work during the month of (last month)?	8220	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T20
b.	Was . . . looking for a full-time or part-time job?	8222	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either
c.	Did . . . contact any employers, during (last month) in person, by mail, or by telephone?	8224	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 16e
d.	How many different employers did . . . contact?	8226	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Employers } SKIP to Check Item T19 x1 <input type="checkbox"/> DK
e.	What did . . . do during (last month) to find work — did . . . (Read categories) —		
	(1) Check with the unemployment office? . . .	8228	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(2) Check with a private employment agency? .	8230	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(3) Ask friends or relatives?	8232	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(4) Anything else? Specify ↓	8234	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM T19	Is . . . a self-respondent?	8236	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 18a, page 54

Section 5 — TOPICAL MODULES (Continued)

Part C — REASONS FOR NOT WORKING/RESERVATION WAGE (Continued)

16f. Were you looking for a particular kind of job?

8238

- 1 ☐ Yes
2 ☐ No — SKIP to 16k

g. What kind of job were you looking for?

Code

Name of job

8240

h. Had you done this kind of work before?

8242

- 1 ☐ Yes
2 ☐ No — SKIP to 16j

i. When did you last do this kind of work?

Month

Year

8246

8250

x1 ☐ DK

1 9

j. What wage or salary did you expect to receive for this kind of work?

8252

\$ Per hour

OR

8254

\$ 00 Per week

OR

8256

\$ 00 Per month

OR

8258

\$ 00 Per year

8260

x1 ☐ DK

x2 ☐ Ref.

k. What is the lowest wage or salary you would have accepted (for this kind of work)?

8262

\$ Per hour

OR

8264

\$ 00 Per week

OR

8266

\$ 00 Per month

OR

8268

\$ 00 Per year

8270

x1 ☐ DK

x2 ☐ Ref.

l. During the time you have been looking for a job did you receive any job offers that you did not take?

8272

- 1 ☐ Yes
2 ☐ No — SKIP to 18a, page 54

m. What is the main reason you did not accept the (most recent) job offer?

8274

- 1 ☐ Did not want that kind of work
2 ☐ Pay too low
3 ☐ Job too far away
4 ☐ Lack transportation
5 ☐ Job was only temporary
6 ☐ Couldn't arrange child care
7 ☐ Hours were not satisfactory
8 ☐ Other job conditions were not satisfactory
9 ☐ Inadequate benefits
10 ☐ Other — Specify _____

n. What wage or salary was offered?

8276

\$ Per hour

OR

8278

\$ 00 Per week

OR

8280

\$ 00 Per month

OR

8282

\$ 00 Per year

8284

x1 ☐ DK

x2 ☐ Ref.

SKIP to
18a,
page 54

Section 5 — TOPICAL MODULES (Continued)

Part C — REASONS FOR NOT WORKING/RESERVATION WAGE (Continued)

CHECK ITEM T20	Is . . . 65 years of age or over?	8286	<input type="checkbox"/> Yes — <i>SKIP to 18a</i> <input type="checkbox"/> No
CHECK ITEM T21	Is "Medicare" (code 172) or "SSI" (Codes 3 or 4) marked on the ISS for . . . ?	8288	<input type="checkbox"/> Yes — <i>SKIP to 18a</i> <input type="checkbox"/> No
17a.	What would you say is the main reason . . . did not look for work during (last month)?	8290	<input type="checkbox"/> Did not want to work <input type="checkbox"/> Ill or disabled <input type="checkbox"/> In school <input type="checkbox"/> Couldn't arrange child care <input type="checkbox"/> No work available in line or area <input type="checkbox"/> Retired <input type="checkbox"/> Family responsibilities <input type="checkbox"/> On layoff, expected to return to work <input type="checkbox"/> Already had a job or business <input type="checkbox"/> Other — <i>Specify</i> _____
CHECK ITEM T22	Is . . . a self-respondent?	8292	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 18a</i>
ASK OR VERIFY —		8294	
17b.	Do you now have a job or business?		<input type="checkbox"/> Yes — <i>SKIP to 18a</i> <input type="checkbox"/> No
C.	This question concerns the likelihood that you will look for work sometime during the next 12 months. Is there a good chance you will look for work, some chance, or little or no chance?	8296	<input type="checkbox"/> Good chance <input type="checkbox"/> Some chance <input type="checkbox"/> Little or no chance — <i>SKIP to 18a</i>
d.	If you do look for work, would you look for a full-time or part-time job?	8298	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either
e.	If you do look for work, will you look for a particular kind of job?	8300	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to 17h</i>
f.	What kind of job will you be looking for?	8302	<div style="display: flex; justify-content: space-between;"> <div>Code</div> <div>Name of job</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
g.	What wage or salary do you expect to receive for this kind of work?	8304	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Per hour</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per week</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per month</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per year</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. </div>
h.	What is the lowest wage or salary you would accept (for this kind of work)?	8314	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Per hour</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per week</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per month</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">00</div> <div>Per year</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. </div>

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES

18a. During the past 12 months did . . . make any regular payments for the support of someone who was not living in . . . 's household? Exclude payments for children temporarily away at school. Include alimony or child support payments. Exclude joint payments already recorded.	8324	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T24				
b. Were any of these payments for the support of . . . 's child or children under 21 years of age?	8326	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 18f				
c. For how many children did . . . make support payments?	8328	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Children				
d. How much did . . . pay in child support during the past 12 months?	8330	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 x1 <input type="checkbox"/> DK				
e. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?	8332	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T24				
f. For how many (other) persons did . . . make support payments?	8334	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Persons				
g. ASK 18g–18i FOR THE FIRST TWO PERSONS MENTIONED. How is this person related to . . . ?	8336	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FIRST PERSON</th> <th style="width: 50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated </td> <td style="vertical-align: top;"> <div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated	<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated
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<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated	<div style="text-align: center;">8338</div> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Nonrelated					
h. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?	8340	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FIRST PERSON</th> <th style="width: 50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="text-align: center;">8340</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else </td> <td style="vertical-align: top;"> <div style="text-align: center;">8342</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<div style="text-align: center;">8340</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else	<div style="text-align: center;">8342</div> <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else
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i. How much did . . . pay for the support of this person during the past 12 months?	8344	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8348</div> x1 <input type="checkbox"/> DK </td> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8350</div> x1 <input type="checkbox"/> DK </td> </tr> </tbody> </table>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8348</div> x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8350</div> x1 <input type="checkbox"/> DK		
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CHECK ITEM T23 Is the entry in 18f "3" or more?	8352	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T24				
18j. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?	8354	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8356</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.				
CHECK ITEM T24 Did . . . work for an employer during the reference period? (Box 1 or 3 marked in item 1a, page 13)	8358	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item M1, page 56				
19a. Not counting commuting costs or expenses an employer pays, did . . . have any work related expenses such as union dues, licenses, permits, special tools, or uniforms on this job?	8360	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">JOB IN SECTION 2, PART A1</th> <th style="width: 50%;">JOB IN SECTION 2, PART A2</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <div style="text-align: center;">8360</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c </td> <td style="vertical-align: top;"> <div style="text-align: center;">8362</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c </td> </tr> </tbody> </table>	JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2	<div style="text-align: center;">8360</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c	<div style="text-align: center;">8362</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c
JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2					
<div style="text-align: center;">8360</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c	<div style="text-align: center;">8362</div> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 19c					
b. How much were . . . 's annual expenses for such items?	8364	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8364</div> x1 <input type="checkbox"/> DK </td> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8368</div> x1 <input type="checkbox"/> DK </td> </tr> </tbody> </table>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8364</div> x1 <input type="checkbox"/> DK	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 00 <div style="text-align: center;">8368</div> x1 <input type="checkbox"/> DK		
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Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES (Continued)

	JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2
19c. During a typical week, does . . . do some driving in order to get to work?	8368 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19e	8370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19e
d. How many miles does . . . usually drive to and from work in a typical week?	8372 <input type="text"/> <input type="text"/> <input type="text"/> Miles	8374 <input type="text"/> <input type="text"/> <input type="text"/> Miles
e. Does . . . have any (other) expenses getting to and from work? Include parking expenses, tolls, bus fares, etc.	8376 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T25	8378 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item M1
f. How much are these (other) expenses in a typical week?	8380 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	8382 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM T25 Did . . . work for a second employer? (Box 2 or 3 marked in item 1b, page 13)	8384 1 <input type="checkbox"/> Yes – Go to 19a for second employer job 2 <input type="checkbox"/> No – Go to Check Item M1	

NOTES

Section 5 — TOPICAL MODULES

Part A — EARNINGS AND BENEFITS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1984. It would be very helpful to refer to records during this interview.

CHECK ITEM T1

Are the names of any businesses listed for ... on the control card? (cc item 43)

8000 1 ☐ Yes — SKIP to 1b
2 ☐ No

CHECK ITEM T2

Were interviews obtained for ... for each of the 2nd, 3rd, 4th, and 5th waves (cc items 44, 45, 46, and 47)?

8002 1 ☐ Yes — SKIP to Check Item T13
2 ☐ No

1 a. Did ... own and operate a business at any time during calendar year 1984?

Include farms

8004 1 ☐ Yes
2 ☐ No — SKIP to Check Item T13

ASK OR VERIFY —

b. How many different businesses did ... own and operate during calendar year 1984?

8006 Businesses
OR
x3 ☐ None — SKIP to Check Item T13

ASK OR VERIFY —

c. What were the names of the businesses that ... owned and operated during calendar year 1984? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)

PGM8 8008 Business name PGM8 8058 Business name

CHECK ITEM T3

Transcribe ID number for this business from the control card (cc item 42)

PGM7 8010 Business ID No. PGM7 8060 Business ID No.
OR
x3 ☐ Not listed on control card

CHECK ITEM T4

Has information about this business already been obtained in an interview for another household member?

8012 1 ☐ Yes
2 ☐ No — SKIP to 2a

INTERVIEWER INSTRUCTION:

Enter name, person number, and business ID Number of other owner to indicate location of information about this business.

Name }
Person number }
8014 } SKIP to Check Item T10
Business ID number }
8016 }
OR
x3 ☐ None }

2 a. What was the form of this (business/practice) — was it a sole proprietorship, a partnership, or a corporation?

8018 1 ☐ Sole proprietorship
2 ☐ Partnership
3 ☐ Corporation — Obtain information in employee section — Go to Check Item T10
x1 ☐ DK

CHECK ITEM T5

Was information on this business obtained in Part B1 (p.18) or Part B2 (p.20)?

8020 1 ☐ Yes — SKIP to 2d
2 ☐ No

2 b. What kind of business or industry was (Name of company or business)?

PGM8 8022 PGM8 8072

Section 5 — TOPICAL MODULES (Continued)

Part A — EARNINGS AND BENEFITS (Continued)

2c. Was it mainly —	PGM 8 8100 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?	PGM 8 8160 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
d. Was this business primarily located in ...'s own home or somewhere else?	PGM 7 8102 1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else	PGM 7 8152 1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else
CHECK ITEM T 6 Is "sole proprietorship" marked in item 2a?	8104 1 <input type="checkbox"/> Yes — SKIP to 2j 2 <input type="checkbox"/> No	8154 1 <input type="checkbox"/> Yes — SKIP to 2j 2 <input type="checkbox"/> No
2e. Were any other members of this household part-owners of this (business/practice)?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2i	8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2i
f. Which other household members were owners?	8108 Person No. <input type="text"/> Name <input type="text"/>	8158 Person No. <input type="text"/> Name <input type="text"/>
	8110 Person No. <input type="text"/> Name <input type="text"/>	8160 Person No. <input type="text"/> Name <input type="text"/>
g. Was this (business/practice) owned entirely by members of this household?	8112 1 <input type="checkbox"/> Yes — SKIP to 2i 2 <input type="checkbox"/> No	8162 1 <input type="checkbox"/> Yes — SKIP to 2i 2 <input type="checkbox"/> No
h. What percentage of this (business/practice) was owned by members of this household?	8114 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8164 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
i. What percentage of this (business/practice) did ... own in ...'s own name?	8116 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8166 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
j. What were the gross receipts of this (business/practice) in 1984? Please use records if they are available. ★ Obtain estimate, if necessary.	8118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8168 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
k. What were the total expenses of this (business/practice) in 1984? Please use records if they are available. ★ Obtain estimate, if necessary.	8120 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8170 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T 7 Is "DK" marked in either 2j or 2k?	8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T 8	8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T 8
2l. Information on (receipts/expenses) is especially important for this survey. If we were to call back later could you provide us with an estimate?	8124 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No	8174 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

CHECK ITEM T8	Is "sole proprietorship" marked in item 2a?	8200 1 <input type="checkbox"/> Yes – SKIP to Check Item T10 2 <input type="checkbox"/> No	8250 1 <input type="checkbox"/> Yes – SKIP to Check Item T11 2 <input type="checkbox"/> No
2m.	What was ...'s net income from this (business/practice) in 1984? Please use records if they are available. Obtain estimate, if necessary.	8202 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item T9 8204 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T9	8252 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item T9 8254 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to Check Item T9
n.	This information is especially important for the purposes of this survey. If we were to call back later could you provide us with an estimate?	8206 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 12 2 <input type="checkbox"/> No	8256 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 12 2 <input type="checkbox"/> No
CHECK ITEM T9	Were any other household members part owners of this business? (See item 2f.)	8208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10	8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11
20.	Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1984 from this (business/practice)?	8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T10	8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T11
p.	What was the amount of net income that was received by (Read names of other household owners)? Obtain estimate, if necessary.	Person No. <input type="text"/> 8212 <input type="text"/> 8214 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8216 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box SECOND CO-OWNER Person No. <input type="text"/> 8218 <input type="text"/> 8220 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8222 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box	Person No. <input type="text"/> 8262 <input type="text"/> 8264 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8266 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box SECOND CO-OWNER Person No. <input type="text"/> 8268 <input type="text"/> 8270 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8272 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
CHECK ITEM T10	Is another business listed in 1c?	8274 1 <input type="checkbox"/> Yes – Complete Check Item T3 for next business 2 <input type="checkbox"/> No – Go to Check Item T12	Go to Check Item T11
CHECK ITEM T11	Is the number of businesses marked in 1b three or more?	8276 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12	
3.	What was ...'s net income from ...'s other businesses in 1984? Please use records if they are available.	8278 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8280 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box	

Section 5 — TOPICAL MODULES (Continued)

Part A — EARNINGS AND BENEFITS (Continued)

CHECK ITEM T12	Was . . . identified as the owner of a corporation in item 2a?	8282 1 <input type="checkbox"/> Yes — SKIP to 4b and consider . . . to be an employee of that corporation 2 <input type="checkbox"/> No																																																
CHECK ITEM T13	Are the names of any employers listed for . . . on the control card? (cc item 42)	8284 1 <input type="checkbox"/> Yes — SKIP to 4b 2 <input type="checkbox"/> No																																																
CHECK ITEM T14	Were interviews obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves? (cc items 44, 45, 46, and 47)	8286 1 <input type="checkbox"/> Yes — SKIP to Check Item T19 2 <input type="checkbox"/> No																																																
4a.	Did . . . work at a paid job at any time during calendar year 1984?	8288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T19																																																
ASK OR VERIFY —																																																		
b.	For how many different employers did . . . work during calendar year 1984? (Include self-owned corporations.)	8290 <input type="text"/> Employers OR x3 <input type="checkbox"/> None — SKIP to Check Item T19																																																
ASK OR VERIFY —																																																		
4c.	What were the names of the employers that . . . worked for in 1984? What is the address of that employer (the address of the physical location)? List up to 3 employers; list employers according to amount of earnings received in 1984, beginning with employer from whom . . . received the greatest earnings.	<table border="1"> <thead> <tr> <th>PGM 8</th> <th>Employer Name</th> <th>PGM 8</th> <th>Employer Name</th> <th>PGM 8</th> <th>Employer Name</th> </tr> </thead> <tbody> <tr> <td>8300</td> <td><input type="text"/></td> <td>8350</td> <td><input type="text"/></td> <td>8400</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>Address</td> <td></td> <td>Address</td> <td></td> <td>Address</td> </tr> <tr> <td>PGM 8</td> <td><input type="text"/></td> <td>PGM 8</td> <td><input type="text"/></td> <td>PGM 8</td> <td><input type="text"/></td> </tr> <tr> <td>8302</td> <td><input type="text"/></td> <td>8352</td> <td><input type="text"/></td> <td>8402</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>ZIP code</td> <td></td> <td>ZIP code</td> <td></td> <td>ZIP code</td> </tr> <tr> <td>PGM 8</td> <td><input type="text"/></td> <td>PGM 8</td> <td><input type="text"/></td> <td>PGM 8</td> <td><input type="text"/></td> </tr> <tr> <td>8304</td> <td><input type="text"/></td> <td>8354</td> <td><input type="text"/></td> <td>8404</td> <td><input type="text"/></td> </tr> </tbody> </table>	PGM 8	Employer Name	PGM 8	Employer Name	PGM 8	Employer Name	8300	<input type="text"/>	8350	<input type="text"/>	8400	<input type="text"/>		Address		Address		Address	PGM 8	<input type="text"/>	PGM 8	<input type="text"/>	PGM 8	<input type="text"/>	8302	<input type="text"/>	8352	<input type="text"/>	8402	<input type="text"/>		ZIP code		ZIP code		ZIP code	PGM 8	<input type="text"/>	PGM 8	<input type="text"/>	PGM 8	<input type="text"/>	8304	<input type="text"/>	8354	<input type="text"/>	8404	<input type="text"/>
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CHECK ITEM T15	Was information on this employer obtained in Part A1(p.14) or Part A2(p.16)?	<table border="1"> <thead> <tr> <th>PGM 7</th> <th>Yes, ID number — SKIP to 4i</th> <th>PGM 7</th> <th>Yes, ID number — SKIP to 4i</th> <th>PGM 7</th> <th>Yes, ID number — SKIP to 4i</th> </tr> </thead> <tbody> <tr> <td>8310</td> <td><input type="checkbox"/></td> <td>8360</td> <td><input type="checkbox"/></td> <td>8410</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>OR</td> <td></td> <td>OR</td> <td></td> <td>OR</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No</td> <td></td> <td>2 <input type="checkbox"/> No</td> <td></td> <td>2 <input type="checkbox"/> No</td> </tr> </tbody> </table>	PGM 7	Yes, ID number — SKIP to 4i	PGM 7	Yes, ID number — SKIP to 4i	PGM 7	Yes, ID number — SKIP to 4i	8310	<input type="checkbox"/>	8360	<input type="checkbox"/>	8410	<input type="checkbox"/>		OR		OR		OR		2 <input type="checkbox"/> No		2 <input type="checkbox"/> No		2 <input type="checkbox"/> No																								
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	OR		OR		OR																																													
	2 <input type="checkbox"/> No		2 <input type="checkbox"/> No		2 <input type="checkbox"/> No																																													
4d.	What kind of business or industry was (Name of company or business)?	<table border="1"> <thead> <tr> <th>PGM 8</th> <th></th> <th>PGM 8</th> <th></th> <th>PGM 8</th> <th></th> </tr> </thead> <tbody> <tr> <td>8312</td> <td><input type="text"/></td> <td>8362</td> <td><input type="text"/></td> <td>8412</td> <td><input type="text"/></td> </tr> </tbody> </table>	PGM 8		PGM 8		PGM 8		8312	<input type="text"/>	8362	<input type="text"/>	8412	<input type="text"/>																																				
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	4 <input type="checkbox"/> Some other kind of business?		4 <input type="checkbox"/> Some other kind of business?		4 <input type="checkbox"/> Some other kind of business?																																													
f.	What kind of work was . . . doing on this job?	<table border="1"> <thead> <tr> <th>PGM 8</th> <th></th> <th>PGM 8</th> <th></th> <th>PGM 8</th> <th></th> </tr> </thead> <tbody> <tr> <td>8316</td> <td><input type="text"/></td> <td>8366</td> <td><input type="text"/></td> <td>8416</td> <td><input type="text"/></td> </tr> </tbody> </table>	PGM 8		PGM 8		PGM 8		8316	<input type="text"/>	8366	<input type="text"/>	8416	<input type="text"/>																																				
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g.	What were . . . 's main activities or duties?	<table border="1"> <thead> <tr> <th>PGM 8</th> <th></th> <th>PGM 8</th> <th></th> <th>PGM 8</th> <th></th> </tr> </thead> <tbody> <tr> <td>8318</td> <td><input type="text"/></td> <td>8368</td> <td><input type="text"/></td> <td>8418</td> <td><input type="text"/></td> </tr> </tbody> </table>	PGM 8		PGM 8		PGM 8		8318	<input type="text"/>	8368	<input type="text"/>	8418	<input type="text"/>																																				
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NOTES

Section 5 — TOPICAL MODULES (Continued)

Part A — EARNINGS AND BENEFITS (Continued)

4h. Was ... an employee of —

PGM 8

8500

- 1 ☐ A private company or individual?
- 2 ☐ Federal Government? (Exclude Armed Forces)
- 3 ☐ State Government?
- 4 ☐ Local Government?
- 5 ☐ Armed Forces?
- 6 ☐ Unpaid in family business or farm? — SKIP to Check Item T17

PGM 8

8550

- 1 ☐ A private company or individual?
- 2 ☐ Federal Government? (Exclude Armed Forces)
- 3 ☐ State Government?
- 4 ☐ Local Government?
- 5 ☐ Armed Forces?
- 6 ☐ Unpaid in family business or farm? — SKIP to Check Item T17

PGM 8

8600

- 1 ☐ A private company or individual?
- 2 ☐ Federal Government? (Exclude Armed Forces)
- 3 ☐ State Government?
- 4 ☐ Local Government?
- 5 ☐ Armed Forces?
- 6 ☐ Unpaid in family business or farm? — SKIP to Check Item T18

ASK OR VERIFY —

i. Did ... stop working for (Employer's name) at any time during 1984?

PGM 7

8502

- 1 ☐ Yes
- 2 ☐ No — SKIP to 5a

PGM 7

8552

- 1 ☐ Yes
- 2 ☐ No — SKIP to 5a

PGM 7

8602

- 1 ☐ Yes
- 2 ☐ No — SKIP to 5a

j. What was the main reason ... stopped working for (Name of employer)? Was it because ... (Read categories) —

Mark only one.

8504

- 1 ☐ Was laid off?
- 2 ☐ Quit that job to take another job? — SKIP to 4q
- 3 ☐ Retired? } SKIP to 5a
- 4 ☐ Was discharged? }
- 5 ☐ Job was temporary and ended? — SKIP to 5a
- 6 ☐ Quit that job for some other reason? — SKIP to 4q

8554

- 1 ☐ Was laid off?
- 2 ☐ Quit that job to take another job? — SKIP to 4q
- 3 ☐ Retired? } SKIP to 5a
- 4 ☐ Was discharged? }
- 5 ☐ Job was temporary and ended? — SKIP to 5a
- 6 ☐ Quit that job for some other reason? — SKIP to 4q

8604

- 1 ☐ Was laid off?
- 2 ☐ Quit that job to take another job? — SKIP to 4q
- 3 ☐ Retired? } SKIP to 5a
- 4 ☐ Was discharged? }
- 5 ☐ Job was temporary and ended? — SKIP to 5a
- 6 ☐ Quit that job for some other reason? — SKIP to 4q

k. Did the place where ... worked close down either at the time ... was laid off or sometime after?

8506

- 1 ☐ Yes
- 2 ☐ No — SKIP to 4o

8556

- 1 ☐ Yes
- 2 ☐ No — SKIP to 4o

8606

- 1 ☐ Yes
- 2 ☐ No — SKIP to 4o

l. When did it close down?

Month

8508

Year

8510

1 9 8

x1 ☐ DK

Month

8558

Year

8560

1 9 8

x1 ☐ DK

Month

8608

Year

8610

1 9 8

x1 ☐ DK

m. Is it still closed down?

8512

- 1 ☐ Yes — SKIP to 5a
- 2 ☐ No

8562

- 1 ☐ Yes — SKIP to 5a
- 2 ☐ No

8612

- 1 ☐ Yes — SKIP to 5a
- 2 ☐ No

n. When did it reopen?

Month

8514

Year

8516

1 9 8

x1 ☐ DK

Month

8564

Year

8566

1 9 8

x1 ☐ DK

Month

8614

Year

8616

1 9 8

x1 ☐ DK

ASK OR VERIFY —

o. Did ... return to work for (Name of employer) after being laid off?

8518

- 1 ☐ Yes
- 2 ☐ No — SKIP to 5a

8568

- 1 ☐ Yes
- 2 ☐ No — SKIP to 5a

8618

- 1 ☐ Yes
- 2 ☐ No — SKIP to 5a

Section 5 — TOPICAL MODULES (Continued)

Part A — EARNINGS AND BENEFITS (Continued)

4p. For how many weeks was ... laid off?

Weeks
8650
OR
x1 ☐ DK } SKIP to 5a

Weeks
8700
OR
x1 ☐ DK } SKIP to 5a

Weeks
8750
OR
x1 ☐ DK } SKIP to 5a

q. What were the reasons ... decided to change jobs/leave that job?

Mark all that apply.

8652 ☐ Level of earnings
8654 ☐ Type of work
8656 ☐ Work conditions
8658 ☐ Job location
8660 ☐ Family or personal reasons
8662 ☐ Job was temporary and ended
8664 ☐ Other

8702 ☐ Level of earnings
8704 ☐ Type of work
8706 ☐ Work conditions
8708 ☐ Job location
8710 ☐ Family or personal reasons
8712 ☐ Job was temporary and ended
8714 ☐ Other

8752 ☐ Level of earnings
8754 ☐ Type of work
8756 ☐ Work conditions
8758 ☐ Job location
8760 ☐ Family or personal reasons
8762 ☐ Job was temporary and ended
8764 ☐ Other

ASK OR VERIFY —

r. After the time that ... stopped working for (Name of employer) did ... return to work for (Name of employer)?

8666 ☐ Yes
2 ☐ No — SKIP to 5a

8716 ☐ Yes
2 ☐ No — SKIP to 5a

8766 ☐ Yes
2 ☐ No — SKIP to 5a

s. When did ... return to work for (Name of employer)?

Month
8668
Year
8670 1 9 8

Month
8718
Year
8720 1 9 8

Month
8768
Year
8770 1 9 8

5a. Do you have a W-2 form from (Read name of employer) that you can refer to?

(If "Yes," ask respondent to use the W-2 form.)

8672 ☐ Yes
2 ☐ No

8722 ☐ Yes
2 ☐ No

8772 ☐ Yes
2 ☐ No

b. (According to ...'s W-2 form) how much did ... earn from ...'s job with (Read name of employer) during 1984 before any deductions?

Obtain estimate, if necessary.

8674 \$.00
x1 ☐ DK
x2 ☐ Ref. — SKIP to 5e

8724 \$.00
x1 ☐ DK
x2 ☐ Ref. — SKIP to 5e

8774 \$.00
x1 ☐ DK
x2 ☐ Ref. — SKIP to 5e

CHECK ITEM T16

Does ... have a W-2 form to refer to?

8676 ☐ Yes
2 ☐ No — SKIP to 5e

8726 ☐ Yes
2 ☐ No — SKIP to 5e

8776 ☐ Yes
2 ☐ No — SKIP to 5e

5c. According to the W-2 form, what is the identification number of this employer?

Identification number
8678 —
8680
8682 x1 ☐ DK

Identification number
8728 —
8730
8732 x1 ☐ DK

Identification number
8778 —
8780
8782 x1 ☐ DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

5d. In 1984, how much was deducted from ...'s pay for –	8800 \$ <input type="text"/> . <input type="text"/> 00	8850 \$ <input type="text"/> . <input type="text"/> 00	8900 \$ <input type="text"/> . <input type="text"/> 00
(1) Federal Income Taxes?	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
(2) State and local income taxes?	8802 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8852 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8902 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
(3) Social Security (FICA) taxes?	8804 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8854 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8904 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
(4) Health insurance?	8806 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8856 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	8906 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.
e. On this job, was ... covered by life insurance that was provided through ...'s employer?	8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g	8858 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g	8908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5g
f. Did ...'s employer pay for all, part, or none of the cost of that plan?	8810 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	8860 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	8910 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
g. Did ... have the use of a company car or truck on that job? (Count vehicles licensed for highway driving only.)	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i	8862 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i	8912 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5i
h. Did ... keep the car or truck at home when ... was not working?	8814 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8864 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8914 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
i. Did ... have an expense account on that job?	8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k	8866 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k	8916 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5k
j. Could the expense account be used to pay for some of the expenses of the persons with whom ... did business?	8818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8918 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Did ... regularly receive meals as part of that job?	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m	8870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m	8920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5m

Section 5 – TOPICAL MODULES (Continued)

Part A – EARNINGS AND BENEFITS (Continued)

5l. How many meals a week did . . . usually receive as part of that job?	8950 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK	9000 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK	9050 <input type="text"/> <input type="text"/> Meals x1 <input type="checkbox"/> DK
m. Did . . . regularly receive lodging as part of that job?	8952 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T17 x1 <input type="checkbox"/> DK	9002 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T17 x1 <input type="checkbox"/> DK	9052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T18 x1 <input type="checkbox"/> DK
n. How many nights of lodging per week did . . . receive as part of that job?	8954 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9004 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9054 <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK
CHECK ITEM T17 Is another employer listed in 4c?	8956 1 <input type="checkbox"/> Yes – Complete Check Item T15 for next employer 2 <input type="checkbox"/> No – SKIP to Check Item T19	9006 1 <input type="checkbox"/> Yes – Complete Check Item T15 for next employer 2 <input type="checkbox"/> No – SKIP to Check Item T19	Go to Check Item T18
CHECK ITEM T18 Is the number of employers marked in 4b four or more?	9058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T19		
6. What was the total amount . . . earned from . . . 's other employers in 1984 before deductions? (Please use W-2 forms if you have any.) Obtain estimate, if necessary.	9060 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES

CHECK ITEM T19	Refer to cc items 46 and 47 Are any of the ISS codes 100–110, 130, or 174 marked on the control card for . . . for the 2nd, 3rd, 4th, or 5th waves?	9100 1 <input type="checkbox"/> Yes – SKIP to Check Item T21 2 <input type="checkbox"/> No
CHECK ITEM T20	Was an interview obtained for . . . for each of the 2nd, 3rd, 4th, and 5th waves? (cc items 44, 45, 46, and 47)	9102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b
1 a.	We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1984 – is that correct?	9104 1 <input type="checkbox"/> Yes, correct – SKIP to Check Item T24 2 <input type="checkbox"/> No, not correct – did receive interest or dividends – SKIP to Check Item T21
b.	Did . . . receive any income in the form of interest or dividends in calendar year 1984? Mark "Yes" if received jointly or in own name.	9106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T24
CHECK ITEM T21	Interview status of . . . 's spouse.	9108 1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse already completed 3 <input type="checkbox"/> Interview for spouse not yet completed } SKIP to 2a
(HAND RESPONDENT CARD X)		(ASK FOR EACH ASSET OWNED)
1 c.	Please look at Card X and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1984. Do not count IRA or KEOGH investments. Any others? ★	9110 x3 <input type="checkbox"/> None – SKIP to 2a
(1) Regular or passbook savings accounts	9112 1 <input type="checkbox"/> Owned	9114 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2) Money Market deposit accounts	9116 1 <input type="checkbox"/> Owned	9118 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3) Certificates of deposit or other savings certificates	9120 1 <input type="checkbox"/> Owned	9122 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4) NOW, Super NOW, or other interest earning checking accounts	9124 1 <input type="checkbox"/> Owned	9126 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(5) Money market mutual funds	9128 1 <input type="checkbox"/> Owned	9130 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(6) Stocks and mutual fund shares	9132 1 <input type="checkbox"/> Owned	9134 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(7) U.S. Savings Bonds (E, EE)	9136 1 <input type="checkbox"/> Owned	9138 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(8) Other U.S. Government securities	9140 1 <input type="checkbox"/> Owned	9142 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(9) Municipal bonds	9144 1 <input type="checkbox"/> Owned	9146 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

1c. (Continued)

(10) Corporate bonds 9148 1 ☐ Owned

(11) Mortgages 9152 1 ☐ Owned

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.) 9156 1 ☐ Owned

1d. (Continued)

9150 \$. 00
x1 ☐ DK
x2 ☐ Ref.

9154 \$. 00
x1 ☐ DK
x2 ☐ Ref.

9158 \$. 00
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T22

Is "DK" marked in 1d for any of the assets?

9160 1 ☐ Yes
2 ☐ No – SKIP to 2a

1e. Information on interest and dividends is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of interest and dividends that . . . and . . . 's (husband/wife) received jointly in 1984?

9162 1 ☐ Yes – Mark Reminder Card, Item 13
2 ☐ No

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part B — PROPERTY INCOME AND TAXES (Continued)

(HAND RESPONDENT CARD X)

2a. Please look at card X and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1984? Do not count IRA or KEOGH investments.

Anything else? ★

(1) Regular or passbook savings accounts . . .

9184 x3 ☐ None —
SKIP to
Check Item
T24

9186 1 ☐ Owned

(2) Money Market deposit accounts

9170 1 ☐ Owned

(3) Certificates of deposit or other savings certificates

9174 1 ☐ Owned

(4) NOW, Super NOW, or other interest earning checking accounts

9178 1 ☐ Owned

(5) Money market mutual funds

9182 1 ☐ Owned

(6) Stocks and mutual fund shares

9186 1 ☐ Owned

(7) U.S. Savings Bonds (E, EE)

9190 1 ☐ Owned

(8) Other U.S. Government securities

9194 1 ☐ Owned

(9) Municipal bonds

9198 1 ☐ Owned

(10) Corporate bonds

9202 1 ☐ Owned

(11) Mortgages

9206 1 ☐ Owned

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.)

9210 1 ☐ Owned

(ASK FOR EACH ASSET OWNED)

2b. How much income did . . . receive from (Read name of asset) in 1984?

9188 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9172 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9176 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9180 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9184 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9188 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9192 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9196 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9200 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9204 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9208 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9212 \$. 00

x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM T23**

Is "DK" marked in 2b for any of the assets?

9214 1 ☐ Yes
2 ☐ No — SKIP to Check Item T24

Section 5 — TOPICAL MODULES (Continued)

Part B — PROPERTY INCOME AND TAXES (Continued)

2c. Information on interest and dividends is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of interest and dividends that ... received (in ...'s own name in 1984)?

9216 1 ☐ Yes — Mark Reminder Card, Item 14
2 ☐ No

**CHECK
ITEM T24**

Refer to cc item 46

Is ISS Code 120 marked on the control card for ... for the 2nd, 3rd, 4th, or 5th waves?

9218 1 ☐ Yes — SKIP to 3b
2 ☐ No

**CHECK
ITEM T25**

Was an interview obtained for ... for each of the 2nd, 3rd, 4th, and 5th waves (cc items 44, 45, 46, and 47)?

9220 1 ☐ Yes — SKIP to Check Item T27
2 ☐ No

3a. Did ... own any kind of rental property during 1984, either by ...'s self or jointly with someone else?

9222 1 ☐ Yes — SKIP to 3c
2 ☐ No — SKIP to Check Item T27

b. We learned from earlier interviews that ... owned some rental property in calendar year 1984 — Is that correct?

9224 1 ☐ Yes
2 ☐ No — SKIP to Check Item T27

c. What kind of property did ... own, either as sole owner or part owner?



(ASK FOR EACH PROPERTY OWNED)

3d. What was ...'s net income from this property in 1984? If jointly owned, count only ...'s share.

(1) Vacation home

9226 1 ☐ Owned

9228 \$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

9230 x4 ☐ Lost money — Enter amount of loss in box

(2) Other residential property (nonfarm) ...

9232 1 ☐ Owned

9234 \$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

9236 x4 ☐ Lost money — Enter amount of loss in box

(3) Farm property

9238 1 ☐ Owned

9240 \$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

9242 x4 ☐ Lost money — Enter amount of loss in box

(4) Commercial property

9244 1 ☐ Owned

9246 \$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

9248 x4 ☐ Lost money — Enter amount of loss in box

(5) Equipment

9250 1 ☐ Owned

9252 \$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

9254 x4 ☐ Lost money — Enter amount of loss in box

(6) Anything else

9256 1 ☐ Owned

9258 \$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

9260 x4 ☐ Lost money — Enter amount of loss in box

**CHECK
ITEM T26**

Is "DK" marked in 3d for any type of property?

9262 1 ☐ Yes
2 ☐ No — SKIP to Check Item T27

3e. Information on rental income is very important for the purposes of this survey. If we were to call back later, could you provide us with an estimate of the total amount of net income from rental property ... received in 1984?

9264 1 ☐ Yes — Mark Reminder Card, Item 15
2 ☐ No

Section 5 — TOPICAL MODULES (Continued)						
Part B — PROPERTY INCOME AND TAXES (Continued)						
CHECK ITEM T27	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9286 1 <input type="checkbox"/> Yes — SKIP to 15a, page 60 2 <input type="checkbox"/> No				
4a.	Did . . . file a Federal income tax return for 1984? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a, page 60				
b.	Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9270 1 <input type="checkbox"/> Yes — Allow person time to get form 2 <input type="checkbox"/> No				
5.	What was . . . 's filing status on . . . 's 1984 Federal tax return? Did . . . file as — <i>Read categories — Mark (X) one</i>	9272 1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? 6 <input type="checkbox"/> DK				
6a.	What were the total number of exemptions claimed on . . . 's tax return?	9274 <input type="text"/> Exemptions x1 <input type="checkbox"/> DK				
ASK OR VERIFY —						
b.	Did . . . claim exemptions for any dependents that lived outside of . . . 's home for the entire year?	9276 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7				
c.	What was the relationship of this (these) dependent(s) to . . . ? <i>Record two dependents only</i>	<table border="1"> <thead> <tr> <th>FIRST DEPENDENT</th> <th>SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td>9278 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other</td> <td>9280 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other</td> </tr> </tbody> </table>	FIRST DEPENDENT	SECOND DEPENDENT	9278 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other	9280 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other
FIRST DEPENDENT	SECOND DEPENDENT					
9278 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other	9280 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Other					
7.	Did . . . file Form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?	9282 1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK } SKIP to Check Item T28				
8.	I am going to read a list of forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1984 tax return.					
(1) Schedule A, Itemized Deductions	9284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK					
(2) Schedule B, Part I, Interest	9286 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK					
(3) Schedule B, Part II, Dividends	9288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK					
(4) Schedule D, Gains and Losses on Sales or Exchange of Personal Assets	9290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK					
(5) Schedule E, Income from Pensions, Annuities, Rents, Royalties, Partnerships, Estates, Trusts, and Small Business Corporations	9292 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK					
(6) Form 4835 — Farm Rental Income . . .	9294 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK					
CHECK ITEM T28	Does the respondent have a copy of . . . 's Federal income tax form or a worksheet to refer to?	9296 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12a				

Part B – PROPERTY INCOME AND TAXES (Continued)

IRM SIPP-4600 (11-19-84)

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

15a. Does . . . have an Individual Retirement Account – an IRA – in . . . 's OWN name?
Do not mark "Yes" if . . . is only included in . . . 's (husband's/wife's) IRA accounts.

9330 1 ☐ Yes
2 ☐ No } SKIP to 15h
x1 ☐ DK

b. Did . . . make any contributions to IRA accounts which applied to . . . 's 1984 tax return?

9332 1 ☐ Yes
2 ☐ No } SKIP to 15d
x1 ☐ DK

c. How much were . . . 's contributions to IRA accounts which applied to . . . 's 1984 tax return?

9334 \$. 00
x1 ☐ DK
x2 ☐ Ref.

d. Did . . . make any withdrawals from . . . 's IRA accounts during 1984?

Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

9336 1 ☐ Yes
2 ☐ No } SKIP to 15f
x1 ☐ DK

e. How much did . . . withdraw from IRA accounts during 1984?

9338 \$. 00
x1 ☐ DK
x2 ☐ Ref.

f. Including ALL IRA accounts in . . . 's OWN name, how much did . . . 's IRA accounts earn during 1984?

9340 \$. 00
x1 ☐ DK
x2 ☐ Ref.

g. What types of assets did . . . have in . . . 's IRA accounts during 1984?

Mark all that apply.

Anything else?

9342 1 ☐ Certificates of deposit or other savings certificates
9344 2 ☐ Money Market Funds
9346 3 ☐ U.S. Government Securities
9348 4 ☐ Municipal or Corporate Bonds
9350 5 ☐ U.S. Savings Bonds
9352 6 ☐ Stocks or Mutual Fund Shares
9354 7 ☐ Other Assets – *Specify*
9356 x1 ☐ DK

h. Does . . . have a KEOGH account in . . . 's OWN name?

9358 1 ☐ Yes
2 ☐ No } SKIP to 16a
x1 ☐ DK

i. Did . . . make any contributions to a KEOGH account which applied to . . . 's 1984 tax return?

9360 1 ☐ Yes
2 ☐ No } SKIP to 15k
x1 ☐ DK

j. How much were . . . 's contributions to KEOGH accounts which applied to . . . 's 1984 tax return?

9362 \$. 00
x1 ☐ DK
x2 ☐ Ref.

k. Did . . . make any withdrawals from . . . 's KEOGH accounts during 1984?

9364 1 ☐ Yes
2 ☐ No } SKIP to 15m
x1 ☐ DK

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

15l. How much did . . . withdraw from KEOGH accounts during 1984?

9366 \$. 00

x1 ☐ DK

x2 ☐ Ref.

m. Including ALL KEOGH accounts in . . . 's OWN name, how much did . . . 's KEOGH accounts earn during 1984?

9368 \$. 00

x1 ☐ DK

x2 ☐ Ref.

n. What types of assets did . . . have in . . . 's KEOGH accounts during 1984?

Mark all that apply.

Anything else?

9370 1 ☐ Certificates of deposit or other savings certificates

9372 2 ☐ Money Market Funds

9374 3 ☐ U.S. Government Securities

9376 4 ☐ Municipal or Corporate Bonds

9378 5 ☐ U.S. Savings Bonds

9380 6 ☐ Stocks or Mutual Fund Shares

9382 7 ☐ Other Assets – Specify

9384 x1 ☐ DK

16a. Did . . . file a State and/or local income tax return for 1984?

9386 1 ☐ Yes
2 ☐ No } SKIP to Check Item T35
x1 ☐ DK

**CHECK
ITEM T33**

Was . . . married as of
December 31, 1984?

9388 1 ☐ Yes
2 ☐ No – SKIP to 16c

16b. Did . . . file a State and/or local income tax return jointly with . . . 's (husband/wife)?

9390 1 ☐ Yes
2 ☐ No – SKIP to 16c

**CHECK
ITEM T34**

Has an interview already been
obtained for . . . 's spouse?

9392 1 ☐ Yes – SKIP to Check Item T35
2 ☐ No

16c. How much was . . . 's total State and local income tax liability for 1984?

9394 \$. 00

Obtain estimate, if necessary.

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – PROPERTY INCOME AND TAXES (Continued)

**CHECK
ITEM T35**

Refer to cc item 15 –
Tenure
Are ...'s living quarters –

- 9396** 1 ☐ Owned or being bought?
2 ☐ Rented for cash?
3 ☐ Occupied without cash payment? } *SKIP to Statement D*

**CHECK
ITEM T36**

Interview status of ...'s spouse.

- 9398** 1 ☐ No spouse in household
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted –
SKIP to Statement D

17a. Did ... pay any property taxes on ...'s residence(s) in 1984?

- 9400** 1 ☐ Yes
2 ☐ No – *SKIP to Statement D*

b. Did ... pay these jointly with someone else living here?

- 9402** 1 ☐ Yes
2 ☐ No – *SKIP to 17d*

c. Who made these joint payments with ...?

Person No.	Name
9404 <input type="text"/>	<input type="text"/>
9406 <input type="text"/>	<input type="text"/>

d. What was the property tax bill for ...'s residence(s) in 1984?

Obtain estimate, if necessary.

9408 \$. 00

x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — EDUCATION AND TRAINING

Statement D

The next few questions are about education and training.

1. Was . . . enrolled in school anytime during the past year? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

9410 1 ☐ Yes
2 ☐ No — SKIP to Check Item T38

2. At what level or grade was . . . enrolled (If enrolled at more than one level in the past year, check level in which greatest amount of time was spent.)

9412 1 ☐ Elementary grades 1—8
2 ☐ High school grades 9—12
3 ☐ College year 1
4 ☐ College year 2
5 ☐ College year 3
6 ☐ College year 4
7 ☐ College year 5
8 ☐ College year 6+
9 ☐ Vocational school
10 ☐ Technical school
11 ☐ Business school
12 ☐ Other or DK

CHECK ITEM T37

Was . . . enrolled in elementary or high school?

9414 1 ☐ Yes
2 ☐ No — SKIP to 4

3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)

9416 1 ☐ Yes — SKIP to Check Item T38
2 ☐ No

4. During the past year —

- a. What was the total cost of . . . 's tuition and fees?

9418 \$. 00
x3 ☐ None
x1 ☐ DK

- b. What was the total cost of . . . 's books and supplies?

9420 \$. 00
x3 ☐ None
x1 ☐ DK

- c. Did . . . live away from home while attending school?

9422 1 ☐ Yes
2 ☐ No — SKIP to 5

- d. What was the total cost for room and board while away at school?

9424 \$. 00
x1 ☐ DK

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — EDUCATION AND TRAINING (Continued)

(HAND RESPONDENT CARD Z)		5b. How much did . . . receive?	
5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past year.	9426 x3 <input type="checkbox"/> None — SKIP to Check Item T38		
Anything else?			
(1) The GI Bill?	9428 1 <input type="checkbox"/> Received	9430 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)	9432 1 <input type="checkbox"/> Received	9434 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(3) College Work Study Program?	9436 1 <input type="checkbox"/> Received	9438 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(4) A Pell Grant?	9440 1 <input type="checkbox"/> Received	9442 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(5) A Supplemental Educational Opportunity Grant (SEOG)?	9444 1 <input type="checkbox"/> Received	9446 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(6) A National Direct Student Loan?	9448 1 <input type="checkbox"/> Received	9450 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(7) A guaranteed student loan?	9452 1 <input type="checkbox"/> Received	9454 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(8) A JTPA Training Program?	9456 1 <input type="checkbox"/> Received	9458 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(9) Employer assistance	9460 1 <input type="checkbox"/> Received	9462 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(10) A fellowship or scholarship?	9464 1 <input type="checkbox"/> Received	9466 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(11) A tuition reduction?	9468 1 <input type="checkbox"/> Received	9470 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	
(12) Anything else (other than assistance from relatives and friends)?	9472 1 <input type="checkbox"/> Received	9474 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — EDUCATION AND TRAINING (Continued)

CHECK ITEM T38

Refer to control card item 24.
Is . . . 65 years of age or over?

9476

- 1 ☐ Yes — *SKIP to Check Item M1, page 67*
2 ☐ No

CHECK ITEM T39

Was an interview obtained for . . . dur-
ing Wave 3 (cc item 44 — 992 or en-
tries in cc items 45, 46, or 47 for W3)?

9478

- 1 ☐ Yes
2 ☐ No

INTERVIEWER INSTRUCTION:

If Check Item T39 is marked "No," ask Question 6a "Did . . . ever"; otherwise ask for prior 12 months.

6a. (During the past 12 months/Did . . . ever), (did) . . .
receive training designed to help people find a job,
improve job skills or learn a new job?

9480

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } *SKIP to Check Item M1, page 67*

b. Does . . . use this training on . . . 's (most recent)
job?

9482

- 1 ☐ Yes
2 ☐ No

c. Where did . . . receive this training?

Mark (X) all that apply.

9484

9486

9488

9490

9492

9494

9496

9498

9500

9502

9504

9506

- 1 ☐ Apprenticeship program
2 ☐ Business, commercial, or vocational school
3 ☐ Junior or community college
4 ☐ Program completed at a 4 year college or
graduate school
5 ☐ High school vocational program
6 ☐ Training program at work
7 ☐ Military (exclude basic training)
8 ☐ Correspondence course
9 ☐ Training or experience received on previous job
10 ☐ Sheltered workshop
11 ☐ Vocational rehabilitation center
12 ☐ Other

CHECK ITEM T40

Are 2 or more categories marked in
item 6c above?

9508

- 1 ☐ Yes
2 ☐ No — *SKIP to 6e*

6d. Where did . . . receive . . . 's latest training?

9510

Enter code from 6c

e. For how many weeks did . . . attend this (most
recent) program?

9512

Weeks

OR

9514

- 1 ☐ Less than one week
x1 ☐ DK

f. Who paid for this (most recent) program?

9516

- 1 ☐ Self or family
2 ☐ Employer
3 ☐ Federal, State, or local government
4 ☐ Someone else

g. When did . . . receive . . . 's (most recent) training?

9518

- 1 ☐ Now attending
2 ☐ 1985
3 ☐ 1984
4 ☐ 1983
5 ☐ 1982
6 ☐ 1981
7 ☐ 1980 or before } *SKIP to Check Item M1,*
x1 ☐ DK } *page 67*

CHECK ITEM T41

Was an interview obtained for . . . dur-
ing Wave 3 (cc item 44 — 992 or en-
tries in cc items 45, 46, or 47 for W3)?

9520

- 1 ☐ Yes
2 ☐ No

INTERVIEWER INSTRUCTION:

If Check Item T41 is marked "No," ask Question 6h for a period since January 1, 1982; other-
wise ask for prior 12 months.

Section 5 – TOPICAL MODULES (Continued)

Part C – EDUCATION AND TRAINING (Continued)

6h. (During the past 12 months/Since January 1, 1982), did ... receive training that was sponsored by any of the following programs –

(1) The Job Training Partnership Act or the Comprehensive Employment Training Act (JTPA or CETA)?

9522

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2) The Work Incentive Program (WIN)?

9524

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3) The Job Corps Program?

9526

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4) The Trade Adjustment Assistance Act?

9528

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

CHECK ITEM T41

Is "Yes" marked for one or more of the programs in item 6h?

9530

- 1 ☐ Yes – Ask 6i–6k for each program marked
2 ☐ No – SKIP to Check Item M1

PROGRAM 1

PROGRAM 2

Code Name of program

Code Name of program

Enter parenthetical number from 6h and name of training program. →

9532

9582

6i. In what year did ... start his/her (Read name of program) training?

If more than one training episode, ask about most recent one first.

9534

- 1 ☐ 1985
2 ☐ 1984
3 ☐ 1983
4 ☐ 1982

9584

- 1 ☐ 1985
2 ☐ 1984
3 ☐ 1983
4 ☐ 1982

j. For how many weeks did ... attend this training program?

9536

Weeks

OR

9538

- 1 ☐ Less than 1 week
x1 ☐ DK

9586

Weeks

OR

9588

- 1 ☐ Less than 1 week
x1 ☐ DK

k. What type of training program is (was) this?

Mark (X) all that apply.

9540

- 1 ☐ Classroom training-job skills

9542

- 2 ☐ Classroom training-basic education

9544

- 3 ☐ On-the-job training

9546

- 4 ☐ Job search assistance

9548

- 5 ☐ Work experience

9550

- 6 ☐ Other

9590

- 1 ☐ Classroom training-job skills

9592

- 2 ☐ Classroom training-basic education

9594

- 3 ☐ On-the-job training

9596

- 4 ☐ Job search assistance

9598

- 5 ☐ Work experience

9600

- 6 ☐ Other

NOTES

Section 1a – USE OF FEEDBACK FORM

CHECK ITEM F1	Is a Feedback Form in your assignment for this person?	9000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item F3
CHECK ITEM F2	Refer to top of feedback form. Is this person a self-respondent or the same proxy as in Wave 4?	9002	1 <input type="checkbox"/> Yes — Self-respondent 2 <input type="checkbox"/> Yes — Same proxy 3 <input type="checkbox"/> No — SKIP to Check Item F3; Do NOT give feedback form to respondent
INTERVIEWER INSTRUCTION 1. Hand respondent feedback form. 2. Read Statement F to respondent and answer any questions.			
Read to respondent: This form contains a listing of . . . 's assets as we recorded them in our interview of one year ago. You may find it helpful to refer to this form when I ask about . . . 's current assets. I will refer you to the appropriate place on the form as we go along.			
CHECK ITEM F3	Are any income types, assets, "worked" or "other educational assistance" marked on the ISS?	9004	1 <input type="checkbox"/> Yes — Go to Check Item E1, page 13 2 <input type="checkbox"/> No — SKIP to Statement A, page 50
NOTES			

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2238

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

2 MONTHS AGO

2240

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

3 MONTHS AGO

2242

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

4 MONTHS AGO

2244

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

NOTE: Topical module insertions to the core questionnaire are circled.

CHECK ITEM S4

Is "DK" marked in all parts of item 7?

2246

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item S5

8. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2248

- 1 ☐ Yes — Mark Reminder Card, Item 4a
2 ☐ No

CHECK ITEM S5

Refer to item 4a, page 18.

Is this business incorporated?

2250

- 1 ☐ Yes — SKIP to 10b
2 ☐ No

CHECK ITEM S6

Has information about the net profit (or loss) for this business already been obtained by another household member?

2252

- 1 ☐ Yes — SKIP to 10b
2 ☐ No

9a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period?

2254

- 1 ☐ Yes
2 ☐ No — SKIP to 10b

b. What was the net profit (or loss) from this business during the 4-month period?

2256

\$. 00

2258

- x4 ☐ Loss in amount box —
If "Broke even," mark \$1 in box.

SKIP
to 10b

10a. About how much did . . . earn from this business after expenses during the 4-month period?

2260

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

b. Was . . . self-employed in this business as of (Read last day of the reference period)?

8000

- 1 ☐ Yes
2 ☐ No — SKIP to 11f

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

CHECK ITEM S7	Refer to item 4b, page 18. Is sole proprietorship marked in 4b?	8002	1 <input type="checkbox"/> Yes – SKIP to Check Item S8 2 <input type="checkbox"/> No
11	a. As of (Read last day of reference period), what percent of this business did . . . own?	8004	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>Percent</div> </div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref – SKIP to 11f
CHECK ITEM S8	Has the information below about the total value and total debt for this business already been obtained from another household member?	8006	1 <input type="checkbox"/> Yes – SKIP to 11f 2 <input type="checkbox"/> No
	b. As of (Read last day of the reference period), what was the total value of this business before figuring in any debts that might be owed against it? ★	8008	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px; text-align: center; line-height: 30px;">00</div> <div>– SKIP to 11d</div> </div> x3 <input type="checkbox"/> None – SKIP to 11d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11f
	c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8010	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 5a 2 <input type="checkbox"/> No
	d. As of (Read last day of reference period), what was the total debt owed against this business? ★	8012	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px; text-align: center; line-height: 30px;">00</div> <div>– SKIP to 11f</div> </div> x3 <input type="checkbox"/> None – SKIP to 11f x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11f
	e. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8014	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 5b 2 <input type="checkbox"/> No
	f. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?	2262	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code or Statement A, page 50

NOTES

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

20d. Was . . . self-employed in this business as of (Read last day of the reference period)?	8016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to first ISS Code or Statement A, page 50
CHECK ITEM S15 Refer to item 15b, page 21. Is sole proprietorship marked in 15b?	8018 1 <input type="checkbox"/> Yes — SKIP to Check Item S16 2 <input type="checkbox"/> No
21a. As of (Read last day of reference period), what percent of this business did . . . own?	8020 <input type="text"/> <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50
CHECK ITEM S16 Has the information below about the total value and total debt for this business already been obtained from another household member?	8022 1 <input type="checkbox"/> Yes — SKIP to first ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
21b. As of (Read last day of reference period), what is the total value of this business before figuring in any debts that might be owed against it? ★	8024 \$ <input type="text"/> <input type="text"/> — SKIP to 21d x3 <input type="checkbox"/> None — SKIP to 21d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50
c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8026 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 5a 2 <input type="checkbox"/> No
d. As of (Read last day of reference period), what was the total debt owed against this business? ★	8028 \$ <input type="text"/> <input type="text"/> <input type="text"/> 00 } SKIP to first ISS Code or Statement A, page 50 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50
e. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8030 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 5b } SKIP to first ISS Code or Statement A, page 50 2 <input type="checkbox"/> No

NOTES

Section 3 – AMOUNTS (Continued)

Part B – SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND NOW ACCOUNTS (ISS Codes 100, 101, 102, and 103)

CHECK ITEM A9

Asset types owned.
Mark (X) all that apply.

- 4300** 1 ☐ ISS code 100 – Regular/Passbook Savings Accounts
- 4302** 2 ☐ ISS code 101 – Money Market Deposit Accounts
- 4304** 3 ☐ ISS code 102 – Certificates of Deposit or other Savings Certificates
- 4306** 4 ☐ ISS code 103 – NOW, Super NOW, or other interest-earning checking accounts

1. Earlier you said that ... had (Read names of owned assets) which excluded IRA and KEOGH accounts.

CHECK ITEM A10

Interview status of ...'s spouse.

- 4308** 1 ☐ No spouse in household – SKIP to 3b
- 2 ☐ Interview for spouse not yet conducted
- 3 ☐ Interview for spouse already conducted – SKIP to 3a

2a. Did ... own any of these jointly with ...'s (husband/wife)?

- 4310** 1 ☐ Yes
- 2 ☐ No – SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

- 4312** \$. 00
- x1 ☐ DK
- x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

C. As of (Read last day of reference period), what was the total amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types)?

Read if marked AND respondent has a feedback form:

☐ Please look at item 1, column 1 on your form.

- 4314** \$. 00 – SKIP to 3a
- x3 ☐ None – SKIP to 3a
- x1 ☐ DK
- x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 4316** 1 ☐ Yes – Mark Reminder Card, Item 6
- 2 ☐ No

3a. Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... have any other (Read asset types)?

- 4318** 1 ☐ Yes
- 2 ☐ No – SKIP to next ISS Code or Statement A, page 50

b. What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?

- 4320** \$. 00
- x1 ☐ DK
- x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

C. As of (Read last day of reference period), what was the total amount that ... had in these (Read asset types)?

Read if marked AND respondent has a feedback form:

☐ Please look at item 1, column 2 on your form.

- 4322** \$. 00 } SKIP to next ISS Code or Statement A, page 50
- x3 ☐ None
- x1 ☐ DK
- x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 4324** 1 ☐ Yes – Mark Reminder Card, Item 7
- 2 ☐ No } SKIP to next ISS Code or Statement A, page 50


NOTES

Section 3 – AMOUNTS (Continued)

Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)

**CHECK
ITEM A11**

Asset types owned.
Mark (X) all that apply.

- 4400** 1 ☐ Money Market funds (104)
4402 2 ☐ U.S. Government securities (105)
4404 3 ☐ Municipal or corporate bonds (106)
4406 4 ☐ Other interest-earning assets (107) – Specify 

1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA and KEOGH accounts.

**CHECK
ITEM A12.**

Interview status of . . . 's spouse.

- 4408** 1 ☐ No spouse in household – SKIP to 3b
 2 ☐ Interview for spouse not yet conducted
 3 ☐ Interview for spouse already conducted – SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

- 4410** 1 ☐ Yes
 2 ☐ No – SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

- 4412** \$. 00
 x1 ☐ DK
 x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

C. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)? ★

Read if marked AND respondent has a feedback form:

☐ Please look at item 2, column 1 on your form.

- 4414** \$. 00 – SKIP to 3a
 x3 ☐ None – SKIP to 3a
 x1 ☐ DK
 x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 4416** 1 ☐ Yes – Mark Reminder Card, Item 8
 2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

- 4418** 1 ☐ Yes
 2 ☐ No – SKIP to next ISS Code or Statement A, page 50

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

- 4420** \$. 00
 x1 ☐ DK
 x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

C. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)? ★

Read if marked AND respondent has a feedback form:

☐ Please look at item 2, column 2 on your form.

- 4422** \$. 00 } SKIP to next ISS Code or Statement A, page 50
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 4424** 1 ☐ Yes – Mark Reminder Card, Item 9 } SKIP to next ISS Code or Statement A, page 50
 2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

1a. Earlier you told me that ... owned stocks or mutual fund shares which excluded IRA and KEOGH accounts. Did ... receive any dividend checks during these 4 months? (Include checks made out jointly to ... and ...'s spouse.)

- 4500** 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 3a

**CHECK
ITEM A13**

Interview status of ...'s spouse.

- 4502** 1 ☐ No spouse in household – SKIP to 2a
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 2a

1b. During the past 4 months how much was received in dividend checks made out jointly to ... and ...'s (husband/wife)?

- 4504** \$. 00 – SKIP to 2a
x3 ☐ None – SKIP to 2a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50



c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

- 4506** 1 ☐ Yes – Mark Reminder Card, Item 10
2 ☐ No

2a. During this 4-month period, how much did ... receive in dividend checks (in ...'s name only)?

- 4508** \$. 00 – SKIP to 3a
x3 ☐ None – SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50



b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

- 4510** 1 ☐ Yes – Mark Reminder Card, Item 11
2 ☐ No

3a. (Besides the money that ... received in dividends) did ... earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?

- 4512** 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item A15

**CHECK
ITEM A14**

Interview status of ...'s spouse.

- 4514** 1 ☐ No spouse in household – SKIP to 3c
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 3c

3b. During the 4-month period how much of these kinds of dividends did ... earn jointly with ...'s (husband/wife)?

- 4516** \$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

c. During the 4-month period, how much of these kinds of dividends did ... earn (in ...'s name only)?

- 4518** \$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50

**CHECK
ITEM A15**

Interview status of ...'s spouse.

- 8032** 1 ☐ No spouse in household – SKIP to 5b
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – SKIP to 5a

4a. As of (Read last day of reference period), what was the market value of the stocks or mutual funds held jointly by ... and ...'s (husband/wife)?

Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.

Read if marked AND respondent has a feedback form:

☐ Please look at item 3, column 1 on your form.

- 8034** \$. 00 – SKIP to 4c
x3 ☐ None – SKIP to 5a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or Statement A, page 50



b. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 8036** 1 ☐ Yes – Mark Reminder Card, Item 12
2 ☐ No

AMOUNTS PART D & E

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110) (Continued)

4c. Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?	8038 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
d. As of (Read last day of reference period), what was the amount of the debt or margin account?	8040 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
5a. Besides the stocks or mutual fund shares held jointly with ...'s (husband/wife), did ... hold any other stocks or mutual fund shares?	8042 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS code or Statement A, page 50
b. As of (Read the last day of last reference period), what was the market value of the stocks or mutual funds ... held in (his/her) OWN name? Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B. ★ Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 3, column 2 on your form.	8044 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 5d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8046 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 13 2 <input type="checkbox"/> No
d. Was any debt or margin account held against ...'s stocks or mutual funds as of (Read the last day of the reference period)?	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
e. As of (Read last day of reference period), what was the amount of the debt or margin account?	8050 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } SKIP to next ISS Code or Statement A, page 50 </div>

NOTES

AMOUNTS PART D.3.E

Section 3 — AMOUNTS (Continued)	
Part E — RENTAL INCOME (ISS Code 120)	
1. Earlier you told me that . . . owned some rental property.	
<div style="background-color: black; color: white; padding: 2px; display: inline-block;">CHECK ITEM A16</div> <div style="margin-left: 10px;">Interview status of . . . 's spouse.</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4800</div> <div> <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i> </div> </div>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4802</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 2d</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4804</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4806</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> <div style="margin-left: 10px; margin-top: 10px;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px;">4808</div> </div> <div style="margin-left: 5px;"> <input type="checkbox"/> Lost money — <i>Enter amount of loss in box — SKIP to 2e</i> </div> </div> <div style="margin-left: 10px; margin-top: -20px;"> <div style="font-size: 3em; vertical-align: middle;">}</div> <div style="vertical-align: middle;"><i>SKIP to 2e</i></div> </div> </div>
d. As of (Read last day of reference period), did . . . own any rental property jointly with . . . 's (husband/wife)? (Include only property owned entirely by . . . and . . . 's (husband/wife).)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8052</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> </div> <div style="margin-left: 10px; margin-top: 5px;"> <div style="font-size: 2em; vertical-align: middle;">}</div> <div style="vertical-align: middle;"><i>SKIP to 3a</i></div> </div>
e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8054</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Number of properties</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None — <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> </div>
f. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8056</div> <div><input type="checkbox"/> Vacation home</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8058</div> <div><input type="checkbox"/> Other residential property</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8060</div> <div><input type="checkbox"/> Farm property</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8062</div> <div><input type="checkbox"/> Commercial property</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8064</div> <div><input type="checkbox"/> Equipment</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8066</div> <div><input type="checkbox"/> Other — <i>Specify</i> _____</div> </div>
g. As of (Read the last day of reference period), what was the total market value of the property(ies) ? <div style="text-align: center; margin-top: 10px;">★</div> <i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 4a, column 1 on your form.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8068</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> <div style="margin-left: 10px; margin-top: 5px;"> <div style="font-size: 2em; vertical-align: middle;">}</div> <div style="vertical-align: middle;"><i>SKIP to 2i</i></div> </div> </div>
h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8070</div> <div> <input type="checkbox"/> Yes — <i>Mark Reminder Card, Item 14</i> <input type="checkbox"/> No </div> </div>
i. Was there a mortgage, deed of trust, or other debt on the property(ies)?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8072</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> </div> <div style="margin-left: 10px; margin-top: 5px;"> <div style="font-size: 2em; vertical-align: middle;">}</div> <div style="vertical-align: middle;"><i>SKIP to 3a</i></div> </div>
j. As of (Read last day of reference period), how much principal was owed on the property(ies)? <i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 4b, column 1 on your form.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8074</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK — <i>Probe</i> <input type="checkbox"/> Ref. </div> </div> </div>
3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4810</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 3d</i> </div> </div>

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120) (Continued)

3b. About how much was received in gross rent from this property during the 4-month period?	<div>4612</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div>
c. What is your best estimate of the amount that was cleared after expenses? Enter \$1 in amount box if respondent reports "broke even."	<div>4614</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div> <div>4616</div> <div> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 3e </div>
d. As of (Read last day of the reference period), did ... own any rental property in ...'s OWN name?	<div>8076</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div>
e. How many properties did ... own in ...'s OWN name as of (Read last day of the reference period)?	<div>8078</div> <div> <input type="text"/> <input type="text"/> Number of properties x3 <input type="checkbox"/> None — SKIP to 4a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div>
f. What type of property(ies) (was it/were they)? Mark (X) all that apply.	<div>8080</div> <div>1 <input type="checkbox"/> Vacation home</div> <div>8082</div> <div>2 <input type="checkbox"/> Other residential property</div> <div>8084</div> <div>3 <input type="checkbox"/> Farm property</div> <div>8086</div> <div>4 <input type="checkbox"/> Commercial property</div> <div>8088</div> <div>5 <input type="checkbox"/> Equipment</div> <div>8090</div> <div>6 <input type="checkbox"/> Other — Specify _____</div>
g. As of (Read last day of reference period), what was the total market value of the property(ies)? ★ Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 4a, column 2 on your form.	<div>8092</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div>
h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	<div>8094</div> <div> 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 15 2 <input type="checkbox"/> No </div>
i. Was there a mortgage, deed of trust, or other debt on the property(ies)?	<div>8096</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div>
j. As of (Read last day of reference period), how much principal was owed on the property(ies)? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 4b, column 2 on your form.	<div>8098</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div>
4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)	<div>4618</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4c </div>
b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months? Enter \$1 in amount box if respondent reports "broke even."	<div>4620</div> <div>\$ <input type="text"/> . <input type="text"/> 00</div> <div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div> <div>4622</div> <div> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 4d </div>

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120) (Continued)

4c. Did ... own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by ... and ...'s spouse.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8100</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="margin-left: 20px;">} SKIP to next ISS Code or Statement A, page 50</div>
d. How many properties did ... own jointly with others as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8102</div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> Number of properties x3 <input type="checkbox"/> None — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
e. What type of property(ies) (was it/were they)? Mark (X) all that apply.	<div style="display: flex; flex-direction: column; gap: 2px;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8104</div> 1 <input type="checkbox"/> Vacation home</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8106</div> 2 <input type="checkbox"/> Other residential property</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8108</div> 3 <input type="checkbox"/> Farm property</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8110</div> 4 <input type="checkbox"/> Commercial property</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8112</div> 5 <input type="checkbox"/> Equipment</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8114</div> 6 <input type="checkbox"/> Other — Specify </div> </div>
f. As of (Read last day of reference period), what was the total market value of the property(ies)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8116</div> <div style="display: inline-block; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle; text-align: center;">00</div> <div style="margin-left: 10px;">\$</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
g. Was there a mortgage, deed of trust, or other debt on the property(ies)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8118</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="margin-left: 20px;">} SKIP to 4i</div>
h. As of (Read last day of reference period), how much principal was owed on the property(ies)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8120</div> <div style="display: inline-block; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle; text-align: center;">00</div> <div style="margin-left: 10px;">\$</div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
i. As of (Read last day of reference period), what was the total value of ...'s SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.) Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 5, column 2 on your form.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8122</div> <div style="display: inline-block; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle; text-align: center;">00</div> <div style="margin-left: 10px;">\$</div> <div style="margin-left: 20px;">} SKIP to next ISS Code or Statement A, page 50</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
j. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8124</div> 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 16 2 <input type="checkbox"/> No <div style="margin-left: 20px;">} SKIP to next ISS Code or Statement A, page 50</div>

NOTES

Section 3 — AMOUNTS (Continued)

Part F — MORTGAGES, ROYALTIES, AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

CHECK ITEM A17	Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 — Mortgages 2 <input type="checkbox"/> ISS Code 140 — Royalties 3 <input type="checkbox"/> ISS Code 150 — Other financial investments
CHECK ITEM A18	Is ISS Code 130 marked in Check Item A17?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3
CHECK ITEM A19	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household — SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 2a
1a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2b
b.	During the past 4 months how much interest was paid to ... and ...'s (husband/wife) by the borrower?	4712	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
C.	As of (Read last day of reference period), how much principal was owed to ... and ...'s (husband/wife) on this (these) mortgage(s)? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 6, column 1 on your form.	8126	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item A20
2a.	(Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A20
b.	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4716	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item A20
C.	As of (Read last day of reference period), how much principal was owed to ... on this (these) mortgage(s)? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 6, column 2 on your form.	8128	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A20	Is ISS Code 140 or 150 marked in Check Item A17?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 50
3.	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...'s share.	4720 4722	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Statement A, page 50 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box
CHECK ITEM A21	Is ISS Code 150 marked in Check Item A17?	8130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 50
4.	As of (Read last day of reference period), what was ...'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.) If investment is jointly owned, count only ...'s share of equity.	8132	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Statement A, page 50

NOTES

Section 4 – TOPICAL MODULES

Part A – ASSETS AND LIABILITIES

Statement A

Read to respondent: **These next questions concern various assets and liabilities.**

1a. As of (Read last day of reference period), did anyone outside of this household owe money to ... as the result of the sale of a business or property? (Exclude mortgages owed to ... which have already been reported.)

8200 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref. } **SKIP to 2a**

b. How much was owed to ...?

(If shared, count only ...'s share.)

8202 \$. 00

Read if marked AND respondent has a feedback form:

☐ **Please look at item 7, column 2 on your form.**

x1 ☐ DK
x2 ☐ Ref.

ASK OR VERIFY –

2a. Did ... own any U.S. Savings Bonds as of (Read last day of reference period)?

8204 1 ☐ Yes
2 ☐ No – **SKIP to Check Item T1**

b. What was the FACE VALUE of the U.S. Savings Bonds that ... owned?

(If ownership was shared, count only ...'s share.)

8206 \$. 00

x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T1

Interview status of ...'s spouse

8208 1 ☐ No spouse in household – **SKIP to 6a**
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – **SKIP to 6a**

2c. As of (Read last day of reference period), did ... own jointly with ...'s (husband/wife) any checking accounts which do NOT earn interest?

8209 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref. } **SKIP to 3a**

d. What is your best estimate of the amount of money ... and ...'s (husband/wife) had in those checking accounts as of (Read last day of reference period)?

8210 \$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

3a. As of (Read last day of reference period), did ... and ...'s (husband/wife) together owe any money for –

If "Yes" to 3a ask –
3b. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8212 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8214 \$. 00

x1 ☐ DK – Probe
x2 ☐ Ref.

(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance?

8216 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8218 \$. 00

x1 ☐ DK – Probe
x2 ☐ Ref.

(3) Money owed to a private individual who does not live in this household?

8220 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8222 \$. 00

x1 ☐ DK – Probe
x2 ☐ Ref.

NOTES

TOPICAL MODULES

Section 4 — TOPICAL MODULES (Continued)

Part A — ASSETS AND LIABILITIES (Continued)

4a. Excluding mortgages, vehicle loans and money owed to brokers, did . . . and . . . 's (husband/wife) together owe any money for loans obtained through a bank, credit union, or some other financial establishment, as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 2px;">8224</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 5a</div> </div>
b. How many such loans did . . . and . . . 's (husband/wife) owe money on as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 2px;">8226</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> Number <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 5a</div> </div>
c. As of (Read last day of reference period), how much was owed on all these loans? <i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 8, column 1 on your form.	<div style="border: 1px solid black; padding: 2px;">8228</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="font-size: 2em;">}</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> x1 DK — Probe <input type="checkbox"/> x2 Ref. </div>
5a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for any kind of debt that we haven't yet mentioned?	<div style="border: 1px solid black; padding: 2px;">8230</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 6a</div> </div>
b. How much was owed on this debt as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 2px;">8231</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="font-size: 2em;">}</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div>
6a. (Besides any checking accounts owned jointly with . . . 's spouse,) as of (Read last day of reference period), did . . . own any (other) checking accounts which do NOT earn interest?	<div style="border: 1px solid black; padding: 2px;">8232</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 6c</div> </div>
b. What is your best estimate of the amount of money . . . had in those checking accounts as of (Read last day of reference period)? <i>(If account was shared, count only . . . 's share.)</i>	<div style="border: 1px solid black; padding: 2px;">8233</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="font-size: 2em;">}</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> x3 None <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div>
c. Did . . . have any debts, such as credit card bills, loans from a financial institution, or educational loans, in . . . 's OWN name?	<div style="border: 1px solid black; padding: 2px;">8234</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to Check Item T2</div> </div>
d. As of (Read last day of reference period), did . . . owe any money (in . . . 's OWN name) for — <div style="margin-top: 10px;"> (1) Store bills or credit card bills? </div> <div style="margin-top: 10px;"> (2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance? </div> <div style="margin-top: 10px;"> (3) Money owed to a private individual who does not live in this household? </div>	<div style="border: 1px solid black; padding: 2px;">8236</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 6e</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">8240</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 6e</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">8244</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 6e</div> </div>
<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> 6e. How much was owed as of (Read last day of reference period)? <i>If "Yes" to 6d ask —</i> </div>	
	<div style="border: 1px solid black; padding: 2px;">8238</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="font-size: 2em;">}</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> x1 DK — Probe <input type="checkbox"/> x2 Ref. </div>
	<div style="border: 1px solid black; padding: 2px;">8242</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="font-size: 2em;">}</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> x1 DK — Probe <input type="checkbox"/> x2 Ref. </div>
	<div style="border: 1px solid black; padding: 2px;">8246</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="font-size: 2em;">}</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> x1 DK — Probe <input type="checkbox"/> x2 Ref. </div>
7a. Excluding mortgages, vehicle loans, and money owed to brokers, did . . . owe any money (in . . . 's OWN name) for a loan obtained through a bank, credit union, or some other financial establishment, as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 2px;">8248</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div> <div style="font-size: 2em;">}</div> <div>SKIP to 8a</div> </div>

Section 4 — TOPICAL MODULES (Continued)

Part A — ASSETS AND LIABILITIES (Continued)

7b. How many such loans did . . . owe money on as of (Read last day of reference period)?	8250 <input type="text"/> <input type="text"/> Number x1 <input type="checkbox"/> DK } SKIP to 8a x2 <input type="checkbox"/> Ref.
C. As of (Read last day of reference period), how much was owed on all these loans? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 8, column 2 on your form.	8252 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref.
8a. As of (Read last day of reference period), did . . . owe any money for any kind of debt that we haven't mentioned? Include educational loans from the Federal government or schools not previously reported.	8254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T2 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
b. As of (Read last day of reference period), how much was owed on this debt?	8256 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref.
CHECK ITEM T2 Refer to cc item 24. Is . . . 21 years of age or older?	8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T3, page 54
9a. Does . . . have an Individual Retirement Account — an IRA — in . . . 's OWN name? (Do not mark "Yes" if . . . is only included in spouse's IRA account.)	8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 10a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
b. For how many years has . . . contributed to . . . 's IRA accounts?	8262 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 10a
c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts? ★ Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 9, column 2 on your form.	8264 \$ <input type="text"/> . <input type="text"/> 00 — SKIP to 9e x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 10a
d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8266 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 17 2 <input type="checkbox"/> No — SKIP to 10a
(SHOW FLASHCARD X) e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's IRA accounts? Mark (X) all that apply. Anything else?	8268 1 <input type="checkbox"/> Certificates of deposit or other savings certificates 8270 2 <input type="checkbox"/> Money Market Funds 8272 3 <input type="checkbox"/> U.S. Government Securities 8274 4 <input type="checkbox"/> Municipal or Corporate Bonds 8276 5 <input type="checkbox"/> U.S. Savings Bonds 8278 6 <input type="checkbox"/> Stocks or Mutual Fund Shares 8280 7 <input type="checkbox"/> Other assets — Specify ↓ 8282 x1 <input type="checkbox"/> DK
10a. Does . . . have a KEOGH account in . . . 's OWN name?	8284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 11a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
b. For how many years has . . . contributed to . . . 's KEOGH account?	8286 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 11a
c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)? ★ Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 10, column 2 on your form.	8288 \$ <input type="text"/> . <input type="text"/> 00 — SKIP to 10e x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to 11a

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

10d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8290

- 1 ☐ Yes — Mark Reminder Card, Item 18
2 ☐ No — SKIP to 11a

(SHOW FLASHCARD X)

e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s KEOGH account(s)?

Mark (X) all that apply.

Anything else?

8292

- 1 ☐ Certificates of deposit or other savings certificates

8294

- 2 ☐ Money Market Funds

8296

- 3 ☐ U.S. Government Securities

8298

- 4 ☐ Municipal or Corporate Bonds

8300

- 5 ☐ U.S. Savings Bonds

8302

- 6 ☐ Stocks or Mutual Fund Shares

8304

- 7 ☐ Other assets — Specify

8306

- x1 ☐ DK

11a. Does ... have any life insurance? (Include group policies provided by employers.)

8308

- 1 ☐ Yes

- 2 ☐ No

- x1 ☐ DK

- x2 ☐ Ref.

} SKIP to Check Item T3, page 54

b. What is the current FACE VALUE of ALL life insurance policies that ... has?

8310

\$. 00

- x1 ☐ DK

- x2 ☐ Ref.

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE

CHECK
ITEM T3

Refer to cc item 24.
Is . . . 's age?

8312

- 1 ☐ Less than 25 years of age – SKIP to Check Item T10, page 58
2 ☐ 25 years or older

Statement B

Read to respondent: **These next questions concern pension plan coverage.**

CHECK
ITEM T4

Are any employers entered in question 2a on page 14 or question 10a on page 16?

8314

- 1 ☐ Yes – Enter name(s) and job number(s) below
2 ☐ No – SKIP to Check Item T9, page 57

Employer 1	Employer 2
Employer name	Employer name
Job number	Job number
8316	8318

CHECK
ITEM T5

Was an interview obtained for . . . during Wave 4 (cc item 44 = 992 or entries in cc items 45, 46, or 47 for Wave 4)?

8320

- 1 ☐ Yes
2 ☐ No – SKIP to 1b

(For each employer ask through 3l, and then return for next employer.)

ASK OR VERIFY –

1a. Did . . . work for (Read employer's name) at any time during the time period of (Same reference months) in 1984?

Employer 1	Employer 2
8322	8324
1 <input type="checkbox"/> Yes – SKIP to Check Item T6, page 55 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes – SKIP to Check Item T9, page 57 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

b. About how many persons are employed by (Read employer's name) at the location where . . . works – would you say (Read categories)?

Employer 1	Employer 2
8330	8332
1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK

c. Does (Read employer's name) operate in more than one location?

Employer 1	Employer 2
8334	8336
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

d. About how many persons are employed by (Read employer's name) at all locations – would you say (Read categories)?

Employer 1	Employer 2
8338	8340
1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
2a. Does . . . 's employer or union have a retirement plan for any of its employees? <i>(Exclude Social Security and Railroad Retirement.)</i>	8342 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T6</i>	8344 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9, page 57</i>
b. Is . . . included in such a plan?	8346 1 <input type="checkbox"/> Yes — <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T6</i>	8348 1 <input type="checkbox"/> Yes — <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T9, page 57</i>
c. Why isn't . . . included in such a plan? <i>Mark (X) all that apply.</i>	8350 1 <input type="checkbox"/> Chose not to belong 8354 2 <input type="checkbox"/> No one in . . . 's type of job can belong 8358 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year 8362 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date 8366 5 <input type="checkbox"/> . . . is too young 8370 6 <input type="checkbox"/> . . . has not worked for this employer long enough 8374 7 <input type="checkbox"/> Other — <i>Specify</i> ↓ 8378 x1 <input type="checkbox"/> DK	8352 1 <input type="checkbox"/> Chose not to belong 8356 2 <input type="checkbox"/> No one in . . . 's type of job can belong 8360 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year 8364 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date 8368 5 <input type="checkbox"/> . . . is too young 8372 6 <input type="checkbox"/> . . . has not worked for this employer long enough 8376 7 <input type="checkbox"/> Other — <i>Specify</i> ↓ 8380 x1 <input type="checkbox"/> DK
CHECK ITEM T6 Is another employer listed?	8382 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T8, page 57</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T9, page 57</i>	<i>SKIP to Check Item T9, page 57</i>
3a. Is . . . included in more than one retirement or pension plan on this job?	8384 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8386 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b. Is . . . 's (basic) retirement plan a profit sharing plan?	8388 1 <input type="checkbox"/> Yes — <i>SKIP to 3d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8390 1 <input type="checkbox"/> Yes — <i>SKIP to 3d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
c. Are the retirement benefits of . . . 's (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan? <i>Mark (X) only one.</i>	8392 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK	8394 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK
d. Does (Read employer's name) make payments towards . . . 's (basic) plan?	8396 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8398 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 4 — TOPICAL MODULES (Continued)

Part B — PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
3e. Does . . . make payments toward . . . 's (basic) plan? (Include payments deducted from . . . 's pay.)	8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i>	8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i>
f. How much does . . . contribute toward . . . 's (basic) plan?	8404 \$ <input type="text"/> . <input type="text"/> 00 8408 PER — 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8412 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8416 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8406 \$ <input type="text"/> . <input type="text"/> 00 8410 PER — 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8414 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8418 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
g. How long has . . . been included in this (basic) plan? (Include only the years that count toward . . . 's retirement benefits.) <i>(If respondent reports years and months, round to full years)</i>	8420 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK	8422 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK
h. If . . . were to leave (Read employer's name) now or in the next few months, could . . . eventually receive some benefits from this plan upon reaching retirement age?	8424 1 <input type="checkbox"/> Yes — <i>SKIP to 3j</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8426 1 <input type="checkbox"/> Yes — <i>SKIP to 3j</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
i. Is that because . . . has not been included in the plan enough years?	8428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
j. Under this plan, could . . . 's retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of . . . 's contributions to the plan.)	8432 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8436 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Does (Read employer's name) offer a salary reduction plan, sometimes called either a 401K or 403B plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire.	8438 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T7</i>	8440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9</i>
l. Does . . . participate in this plan?	8442 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8444 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T7 Is another employer listed?	8446 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>Go to Check Item T9</i>	<i>Go to Check Item T9</i>

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE (Continued)

CHECK ITEM T8	Was an interview obtained for . . . during Wave 4 (cc item 44 = 992 or entries in cc items 45, 46, or 47 for Wave 4)?	8447	1 <input type="checkbox"/> Yes — Ask item 1a, page 54 for Employer 2 2 <input type="checkbox"/> No — Ask item 1b, page 54 for Employer 2
CHECK ITEM T9	Is . . . self employed? (Are any businesses entered in question 1a on page 18 or question 12 a on page 21?)	8448	1 <input type="checkbox"/> Yes — Enter names and business I.D. numbers below 2 <input type="checkbox"/> No — SKIP to Check Item T10
Ask item 4 for each business owned.		Name of first business	
		Name of second business	
		Business I.D. Number	
		Business I.D. Number	
		8450	<input type="text"/>
		8452	<input type="text"/>
4. Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?		8454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		8456	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES

CHECK ITEM T10

Is this the reference person's questionnaire?

8526

1 ☐ Yes

2 ☐ No — SKIP to Check Item P1, page 62

Statement C

Read to respondent: **These next questions concern housing costs and automobile ownership.**

CHECK ITEM T11

Refer to cc item 14.
Is this housing unit a mobile home?

8528

1 ☐ Yes — SKIP to Check Item T15

2 ☐ No

CHECK ITEM T12

Refer to cc item 15.
Tenure

8530

1 ☐ Owned or being bought

2 ☐ Rented for cash — SKIP to Check Item T16

3 ☐ Occupied without cash payment — SKIP to Check Item T16

ASK OR VERIFY —

1a. Which persons in this household are the owners of this home?

8532

Person No.

Name

8534

8536

b. In what month and year was this home purchased?

8538

Month

Year

8539

1 9

x1 ☐ DK

x1 ☐ DK

c. Is there a mortgage, home equity loan, or other debt on this home?

8540

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref.

SKIP to 2

d. How many mortgages, home equity loans, or other debts are there?

8542

☐ Number

x1 ☐ DK

(Ask questions 1e — 1k for first mortgage and then return to 1e again for any second mortgage or other loan.)

First mortgage

Second mortgage or other loan

e. How much principal is currently owed on this (first/other) mortgage (debt)? (If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)

8564

\$. 00

x1 ☐ DK

x2 ☐ Ref.

8566

\$. 00

x1 ☐ DK

x2 ☐ Ref.

f. In what year was this mortgage (loan) obtained?

8568

1 9

Year — If 1984 or 1985, ask month

x1 ☐ DK

(If mortgage was assumed, give the original date of the mortgage.)

8569

Month

x1 ☐ DK

8570

1 9

Year — If 1984 or 1985, ask month

x1 ☐ DK

8571

Month

x1 ☐ DK

g. What was the amount of the mortgage (loan) when it was obtained or last refinanced? (If mortgage was assumed, give the original amount of the mortgage.)

8572

\$. 00

x1 ☐ DK

x2 ☐ Ref. — SKIP to 2

8574

\$. 00

x1 ☐ DK

x2 ☐ Ref. — SKIP to 2

h. What is the total number of years over which payments are to be made?

8576

Years

x3 ☐ Not fixed

x1 ☐ DK

8578

Years

x3 ☐ Not fixed

x1 ☐ DK

i. What is the current annual interest rate on this mortgage (loan)?

8580

. Percent

x1 ☐ DK

x2 ☐ Ref.

8582

. Percent

x1 ☐ DK

x2 ☐ Ref.

j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?

8584

1 ☐ Yes

2 ☐ No

x1 ☐ DK

8586

1 ☐ Yes

2 ☐ No

x1 ☐ DK

Section 4 – TOPICAL MODULES (Continued)					
Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)					
1k. Was this mortgage obtained through an FHA or VA mortgage program?		8587	1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8589	1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T13	Is there another loan or mortgage?	8592	1 <input type="checkbox"/> Yes – Go to 1e 2 <input type="checkbox"/> No – SKIP to 2	Go to Check Item T14	
CHECK ITEM T14	Refer to item 1d. Are there 3 or more mortgages or loans on this home?	8594	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2		
1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?		8596	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>		
2. What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 11 on your form.		8598	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div> <div>} SKIP to 5a</div>		
CHECK ITEM T15	Refer to cc item 15. Tenure of mobile home	8608	1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented – SKIP to Check Item T16 3 <input type="checkbox"/> Occupied without cash rent – SKIP to Check Item T16		
3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?		8610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 4		
b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?		8612	1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home		
c. How much principal is currently owed on this (these) mortgage(s)?		8624	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</div>		
4. How much do you think this mobile home (and SITE) would sell for today if it were for sale? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 11 on your form.		8630	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</div> <div>} SKIP to 5a</div>		
CHECK ITEM T16	Refer to cc items 16a and 16b – Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?	8658	1 <input type="checkbox"/> In a public housing project – SKIP to 6a 2 <input type="checkbox"/> Subsidized – SKIP to 6a 3 <input type="checkbox"/> Neither public nor subsidized		
5a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.		8660	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 6a		
b. Which persons in this household are the owners of this (these) property(ies)?		8662	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>		
		8664	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name <input type="text"/>		

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

5c. What is the total value of
(Read persons' names)
equity in this (these)
property(ies)? (By equity
we mean the amount that
could be obtained by
selling the property and
paying off any debts.)

Count only share owned
by household members.

Read if marked AND
respondent has feed-
back form:

☐ Please look at item
12 on your form.

8666 \$. 00

x1 ☐ DK

x2 ☐ Ref.

6a. Does anyone in this
household own a car,
van, or truck, excluding
recreational vehicles
(RV's) and motorcycles?

8714 1 ☐ Yes
2 ☐ No — SKIP to 7a

b. How many cars, trucks,
or vans are owned by
members of this
household?

8716 Number of motor vehicles

(Ask items 6c–6f for
vehicle 1 and then return
to 6c for additional
vehicles.)

c. Who is (are) the
owners(s) of the
(newest, next newest)
motor vehicle?

Vehicle 1	Vehicle 2	Vehicle 3
Person No. 8718	Person No. 8720	Person No. 8722
Name	Name	Name
Person No. 8724	Person No. 8726	Person No. 8728
Name	Name	Name

d. What is the year,
make, and model of
this vehicle?

Vehicle 1	Vehicle 2	Vehicle 3
8730 1 9	8732 1 9	8734 1 9
x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK
Make	Make	Make
8736 x1 <input type="checkbox"/> DK	8738 x1 <input type="checkbox"/> DK	8740 x1 <input type="checkbox"/> DK
Model	Model	Model
8742 x1 <input type="checkbox"/> DK	8744 x1 <input type="checkbox"/> DK	8746 x1 <input type="checkbox"/> DK
OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
8748	8750	8752

e. Is this vehicle owned
free and clear, or is
there still money
owed on it?

8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear x1 <input type="checkbox"/> DK	8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear x1 <input type="checkbox"/> DK	8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear x1 <input type="checkbox"/> DK
SKIP to Check Item T17	SKIP to Check Item T17	SKIP to 7a

f. How much is
currently owed for
this vehicle?

8760 \$. 00	8762 \$. 00	8764 \$. 00
x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref.	x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref.	x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref.

CHECK
ITEM T17 Is there another
vehicle which
has not been
asked about?

8766 1 <input type="checkbox"/> Yes — Ask 6c for next vehicle 2 <input type="checkbox"/> No — Go to 7a	8768 1 <input type="checkbox"/> Yes — Ask 6c for next vehicle 2 <input type="checkbox"/> No — Go to 7a
--	--

Go to 7a

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

7a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?

- 8770** 1 ☐ Motorcycle
8772 2 ☐ Boat
8774 3 ☐ Recreational vehicle (RV)
8776 4 ☐ Other — Specify _____
8778 5 ☐ No — SKIP to Check Item P1, page 62

Mark (X) all that apply.

Ask items 7b–7e for each vehicle —

b. Who is (are) the owner(s) of the (first/second) (Read category marked in 7a)?

Vehicle 1		Vehicle 2	
Person No.	Name	Person No.	Name
8780	<input type="text"/>	8782	<input type="text"/>
8784	<input type="text"/>	8786	<input type="text"/>

c. If this vehicle were sold, what would it sell for in its present condition?

8788	\$ <input type="text"/>	<input type="text"/>	8790	\$ <input type="text"/>	<input type="text"/>
x1 <input type="checkbox"/> DK — Probe		x1 <input type="checkbox"/> DK — Probe		x2 <input type="checkbox"/> Ref. — SKIP to Check Item P1, page 62	
x2 <input type="checkbox"/> Ref. — SKIP to Check Item T18		x2 <input type="checkbox"/> Ref. — SKIP to Check Item P1, page 62			

d. Is this vehicle owned free and clear, or is there still money owed on it?

8792	1 <input type="checkbox"/> Money owed	8794	1 <input type="checkbox"/> Money owed
2 <input type="checkbox"/> Free and clear	} SKIP to Check Item T18	2 <input type="checkbox"/> Free and clear	} SKIP to Check Item P1, page 62
x1 <input type="checkbox"/> DK		x1 <input type="checkbox"/> DK	

e. How much is currently owed for this vehicle?

8796	\$ <input type="text"/>	<input type="text"/>	8798	\$ <input type="text"/>	<input type="text"/>
x1 <input type="checkbox"/> DK — Probe		x1 <input type="checkbox"/> DK — Probe		x2 <input type="checkbox"/> Ref.	
x2 <input type="checkbox"/> Ref.		x2 <input type="checkbox"/> Ref.			

CHECK ITEM T18

Are there any other vehicles which have not been asked about?

- 8800** 1 ☐ Yes — Ask 7b for next vehicle
2 ☐ No — Go to Check Item P1, page 62

Go to Check Item P1, page 62

NOTES

Section 5 — TOPICAL MODULES

Part A — SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES

CHECK ITEM T1

Refer to cc item 24.

Is . . . 15—17 years of age?

8000

- 1 ☐ Yes — SKIP to Check Item T3
2 ☐ No

(These next few questions concern any payments . . . may have made for the living expenses of someone not living in this household.)

1 a. During the past 12 months did . . . make any regular payments for the support of someone who was not living in . . . 's household? Exclude payments for children temporarily away at school. Include alimony or child support payments. Exclude joint payments already recorded.

8002

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T3

b. Were any of these payments for the support of . . . 's child or children under 18 years of age?

8004

- 1 ☐ Yes
2 ☐ No — SKIP to item 1f

c. For how many children did . . . make support payments?

8006

Children

d. How much did . . . pay in child support during the past 12 months?

8008

\$ 00
x1 ☐ DK

e. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?

8010

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T3

f. For how many (other) persons did . . . make support payments?

8012

Persons

g. How is this person (are these persons) related to . . . ?

(Complete 1g—1i for first two persons mentioned.)

FIRST PERSON

8014

- 1 ☐ Parent
2 ☐ Spouse
3 ☐ Ex-spouse
4 ☐ Child 18 or older
5 ☐ Other relative
6 ☐ Nonrelated

SECOND PERSON

8016

- 1 ☐ Parent
2 ☐ Spouse
3 ☐ Ex-spouse
4 ☐ Child 18 or older
5 ☐ Other relative
6 ☐ Nonrelated

h. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?

8018

- 1 ☐ Private home or apartment
2 ☐ Nursing home
3 ☐ Someplace else

8020

- 1 ☐ Private home or apartment
2 ☐ Nursing home
3 ☐ Someplace else

i. How much did . . . pay for the support of this person during the past 12 months?

8022

\$ 00
x1 ☐ DK

8024

\$ 00
x1 ☐ DK

CHECK ITEM T2

Is the entry in 1f "3" or more?

8026

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T3

1j. How much did . . . pay during the past 12 months for support of the other persons that we have not talked about already?

8028

\$ 00
x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part A — SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES (Continued)

CHECK ITEM T3 Refer to item 1b, page 13. Number of employers . . . worked for during the reference period	8030 1 <input type="checkbox"/> None — SKIP to part B, page 48 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two or more
If two or more jobs, ask 2a—2f for first job, then repeat for second job. (Now I have a few questions about . . . 's work-related expenses.)	JOB IN SECTION 2, PART A1
2a. Not counting commuting costs or expenses an employer pays, did . . . have any work related expenses such as union dues, licenses, permits, special tools, or uniforms on this job?	8032 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 2c
b. How much were . . . 's annual expenses for such items?	8036 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
c. During a typical week, does . . . do some driving in order to get to work? (Mark "Yes" if . . . is driven to work by a household member.)	8040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 2e
d. How many miles does . . . usually drive to and from work in a typical week? (If . . . is driven by a household member, count these miles.)	8044 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Miles
e. Does . . . have any (other) expenses getting to and from work? (Include parking expenses, tolls, bus fares, etc.)	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T4
f. How much are these (other) expenses in a typical week?	8052 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM T4 Is "Two or more" marked in Check Item T3?	8056 1 <input type="checkbox"/> Yes — Ask items 2a—2f for second employer 2 <input type="checkbox"/> No
CHECK ITEM T5 Refer to cc item 27. Is . . . the designated parent or guardian of any children under 15 years of age?	8058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part B, page 48
2g. Did . . . have any work-related child care expenses during the past 4 months?	8060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part B, page 48
h. How much were . . . 's child care expenses during a typical week?	8062 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK

GO to part B, page 48

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – MARITAL HISTORY

CHECK ITEM T6

Refer to cc item 26a.

What is . . . 's current marital status?

8064

- | | |
|--|-------------------------------------|
| 1 <input type="checkbox"/> Married, spouse present | } Go to
Statement A
or item 3 |
| 2 <input type="checkbox"/> Married, spouse absent | |
| 3 <input type="checkbox"/> Widowed | |
| 4 <input type="checkbox"/> Divorced | |
| 5 <input type="checkbox"/> Separated | |
| 6 <input type="checkbox"/> Never married — SKIP to part C, page 50 | |

READ ONCE PER HOUSEHOLD

STATEMENT A

These next questions will ask for some information about marital history, changes in residence, and about children born to members of this household. The information will help us understand how these events affect our nation's economic situation.

Now I have a few questions about . . . 's marital history.

8066

- 1 ☐ 1 — SKIP to Check Item T10
 2 ☐ 2
 3 ☐ 3
 4 ☐ 4 +

3. How many times has . . . been married?

4a. In what month and year did . . . get married for the first time?

8068

Month x1 ☐ Don't know

8070

1 9 Year x1 ☐ Don't know

b. Did . . . 's first marriage end in widowhood or in divorce?

8072

- 1 ☐ Widowhood
 2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8074

Month x1 ☐ Don't know

8076

1 9 Year x1 ☐ Don't know

CHECK ITEM T7

Is "Widowhood" marked in item 4b?

8078

- 1 ☐ Yes — SKIP to Check Item T8
 2 ☐ No

4d. In what month and year did . . . actually stop living with his/her spouse?

8080

Month x1 ☐ Don't know

8082

1 9 Year x1 ☐ Don't know

CHECK ITEM T8

Refer to item 3.

How many times has . . . been married?

8084

- 1 ☐ 2 — SKIP to Check Item T10
 2 ☐ 3 +

5a. In what month and year did . . . get married for the second time?

8086

Month x1 ☐ Don't know

8088

1 9 Year x1 ☐ Don't know

b. Did . . . 's second marriage end in widowhood or in divorce?

8090

- 1 ☐ Widowhood
 2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8092

Month x1 ☐ Don't know

8094

1 9 Year x1 ☐ Don't know

CHECK ITEM T9

Is "Widowhood" marked in item 5b?

8096

- 1 ☐ Yes — SKIP to Check Item T10
 2 ☐ No

5d. In what month and year did . . . actually stop living with his/her second spouse?

8098

Month x1 ☐ Don't know

8100

1 9 Year x1 ☐ Don't know

NOTES

Section 5 – TOPICAL MODULES (Continued)		
Part B – MARITAL HISTORY (Continued)		
CHECK ITEM T10	Has a Wave 8 interview been obtained for ...’s spouse?	8102 1 <input type="checkbox"/> Yes — SKIP to part C, page 50 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household
6a.	In what month and year did ... get married (most recently)?	8104 <div>Month</div> <div>19</div> Year x1 <input type="checkbox"/> Don’t know
CHECK ITEM T11	Refer to Check Item T6. What is ...’s current marital status?	8108 1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated — SKIP to item 6c
6b.	In what month and year was ... (widowed/divorced)?	8110 <div>Month</div> <div>19</div> Year x1 <input type="checkbox"/> Don’t know
CHECK ITEM T12	Is “Widowed” marked in Check Item T11?	8114 1 <input type="checkbox"/> Yes — SKIP to part C, page 50 2 <input type="checkbox"/> No
6c.	When did ... actually stop living with his/her (most recent) spouse?	8116 <div>Month</div> <div>19</div> Year x1 <input type="checkbox"/> Don’t know
GO to part C, page 50		
NOTES		

Section 5 – TOPICAL MODULES (Continued)

Part C – MIGRATION HISTORY

<p>(Now I have some questions about places where ... has lived in the past, and where ... was born.)</p> <p>7. In what month and year did ... move into this house/apartment/mobile home? <i>(If ... lived here more than once, record the last month and year ... moved.)</i></p>	<p>8120 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8122 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8124 x7 <input type="checkbox"/> Always lived here/born here — <i>SKIP to Check Item T15</i></p>
<p>8a. In what state or foreign country did ... last live before moving here? <i>(Include transfers due to service in the Armed Forces. Exclude vacations or temporary travels where no usual residence was mentioned.)</i> <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8126 <input type="text"/> <input type="text"/> Code x1 <input type="checkbox"/> Don't know</p>
<p>b. During what period of time did ... last live in (place in 8a)?</p>	<p>8128 FROM <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8130 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8132 TO <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8134 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8136 x8 <input type="checkbox"/> Lived there since birth</p> <p>8138 x1 <input type="checkbox"/> Don't know</p>
<p>(SHOW FLASHCARD Z)</p> <p>9a. What categories on this card best describe the reasons for ...'s (most recent) move to this current residence? <i>(Enter codes for all reasons mentioned.)</i></p>	<p>8140 <input type="text"/> <input type="text"/> 8142 <input type="text"/> <input type="text"/></p> <p>8144 <input type="text"/> <input type="text"/> 8146 <input type="text"/> <input type="text"/></p> <p>8148 <input type="text"/> <input type="text"/> 8150 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM T13 Are two or more codes entered in item 9a?</p>	<p>8152 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T14</i></p>
<p>9b. Of the reasons just mentioned, which one is the MAIN reason for ...'s (most recent) move? <i>(Enter code from item 9a.)</i></p>	<p>8154 <input type="text"/> <input type="text"/> Code</p>
<p>CHECK ITEM T14 Are any of the codes listed in item 9a equal to 01–08?</p>	<p>8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T16</i></p>
<p>10a. Did ... or someone in ...'s household pay for all of that move, or did a relative, an employer, or someone else not living in the household help pay? (If paid by other than a HH member, ask who primarily paid.)</p>	<p>8158 1 <input type="checkbox"/> Paid all by self or other HH member — <i>SKIP to Check Item T16</i> 2 <input type="checkbox"/> Relative 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Someone else</p>
<p>b. What proportion of the moving expenses were paid by this (other person/employer)?</p>	<p>8160 1 <input type="checkbox"/> All of the costs 2 <input type="checkbox"/> Half or more but not all 3 <input type="checkbox"/> Less than half } <i>SKIP to Check Item T16</i></p>
<p>CHECK ITEM T15 Is "Always lived here" box marked in item 7?</p>	<p>8162 1 <input type="checkbox"/> Yes — <i>Enter state code for current residence into item 11a</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T16 Is "Lived there since birth" box marked in item 8b?</p>	<p>8164 1 <input type="checkbox"/> Yes — <i>Enter code from item 8a into item 11a</i> 2 <input type="checkbox"/> No</p>
<p>ASK OR VERIFY —</p> <p>11a. In what state or foreign country was ...'s mother living when ... was born? <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8166 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>
<p>ASK OR VERIFY —</p> <p>b. In what state or foreign country was ...'s mother born? <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8168 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>
<p>ASK OR VERIFY —</p> <p>c. In what state or foreign country was ...'s father born? <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8170 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>

Section 5 – TOPICAL MODULES (Continued)	
Part C – MIGRATION HISTORY (Continued)	
<div>CHECK ITEM T17</div> <div>Refer to item 11a, page 50.</div> <div>Is . . . 's place of birth code equal to 62–99?</div>	<div>8172</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to item 14</div></div>
<div>12.</div> <div>Is . . . a citizen of the United States?</div>	<div>8174</div> <div><div><input type="checkbox"/> Yes, naturalized citizen</div><div><input type="checkbox"/> Yes, born abroad of American parent or parents – SKIP to item 14</div><div><input type="checkbox"/> No</div></div>
<div>13.</div> <div>In what year did . . . come to the United States to stay?</div>	<div>8176</div> <div><div>19</div><div><input type="checkbox"/> Before 1901</div></div>
<div>(Now I have a few questions about . . . 's places of residence.)</div> <div>14.</div> <div>Aside from . . . 's current residence, does . . . regularly live at another residence for 30 or more days during the year? (Include time spent away at school, or at a vacation or second home whether owned or rented. The days need not be consecutive but must be at the same address.)</div>	<div>8178</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to part D, page 52</div></div>
<div>15.</div> <div>In what state or foreign country is the other residence located?</div> <div>(Enter code from Flashcard Y)</div>	<div>8180</div> <div><div></div><div></div><div>Name</div><div>Code</div><div><input type="checkbox"/> Same state as current residence</div></div>
<div>16.</div> <div>Which residence does . . . consider to be . . . 's usual residence?</div>	<div>8182</div> <div><div><input type="checkbox"/> Current residence</div><div><input type="checkbox"/> Other residence (listed in item 15)</div></div>
<div>17.</div> <div>How many days during a year does . . . spend at the other residence?</div>	<div>8184</div> <div><div><input type="checkbox"/> 270 days or more</div><div><input type="checkbox"/> 180 to 269 days</div><div><input type="checkbox"/> 90 to 179 days</div><div><input type="checkbox"/> 30 to 89 days</div></div>
GO to part D, page 52	

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part D — FERTILITY HISTORY

CHECK ITEM T18	Refer to cc items 24 and 28. What is . . . 's age and sex?	8186	1 <input type="checkbox"/> Female, 15 + years old — <i>SKIP to item 19a</i> 2 <input type="checkbox"/> Male, 18 + years old — <i>SKIP to item 18</i> 3 <input type="checkbox"/> Male, 15–17 years old
CHECK ITEM T19	Refer to cc item 26a. What is . . . 's current marital status?	8187	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married — <i>SKIP to part E</i>
STATEMENT B → Now I have a few questions about the number of children, if any, that have been born to . . .			
	18. How many children, IF ANY, is . . . the father of? <i>(If previously married, include all children born in previous and current marriages. Do not count adopted, foster or stepchildren.)</i>	8188	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div> <i>SKIP to part E, page 54</i> </div> </div>
	19a. How many children, if any, has . . . ever had? <i>(Do not count stillbirths, adopted, foster, or stepchildren.)</i>	8190	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None — <i>SKIP to Check Item T27, page 53</i>
	b. Are all of . . . 's children currently living in this household?	8192	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T21</i>
CHECK ITEM T20	Refer to cc item 24. Verify the birth date of . . . 's first and last child (if more than one child ever born) and enter the person number of the child(ren).		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> First child 8194 <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year 8196 <input type="text"/> <input type="text"/> Year 8198 <input type="text"/> <input type="text"/> <input type="text"/> Person number Last child 8200 <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year 8202 <input type="text"/> <input type="text"/> Year 8204 <input type="text"/> <input type="text"/> <input type="text"/> Person number </div> <div style="width: 45%; font-size: 3em; vertical-align: middle;">}</div> <div style="width: 10%; vertical-align: middle;"> <i>SKIP to Check Item T24</i> </div> </div>
CHECK ITEM T21	Refer to item 19a. How many children has . . . ever had?	8206	1 <input type="checkbox"/> One child — <i>SKIP to item 21a</i> 2 <input type="checkbox"/> 2 + children
	20a. In what month and year was . . . 's last child born?	8208	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8210 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T22	Refer to item 20a. Was . . . 's last child born on or after January 1, 1960?	8212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to item 21a</i>
	ASK OR VERIFY — 20b. With whom does the child live now?	8214	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 <input type="checkbox"/> Resides in this household — <i>Go to Check Item T23</i> Resides elsewhere 2 <input type="checkbox"/> In his/her own household With relatives 3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parents 6 <input type="checkbox"/> With other relatives With nonrelatives 7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div> <i>SKIP to item 21a</i> </div> </div>
CHECK ITEM T23	Write the person number of the last child.	8216	<input type="text"/> <input type="text"/> <input type="text"/> Person number of last child
	21a. In what month and year was . . . 's (first) child born?	8218	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8220 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T24	Refer to item 21a or to Check Item T20. Was . . . 's (first) child born on or after January 1, 1960?	8222	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T27, page 53</i>

Section 5 — TOPICAL MODULES (Continued)

Part D — FERTILITY HISTORY (Continued)

<p>ASK OR VERIFY —</p> <p>21b. With whom does the child live now?</p>	<p>8224 1 <input type="checkbox"/> Resides in this household — Go to Check Item T25</p> <p style="text-align: center;">Resides elsewhere</p> <p>2 <input type="checkbox"/> In his/her own household</p> <p style="text-align: center;">With relatives</p> <p>3 <input type="checkbox"/> With own father</p> <p>4 <input type="checkbox"/> With own grandparent(s)</p> <p>5 <input type="checkbox"/> With adoptive parents</p> <p>6 <input type="checkbox"/> With other relatives</p> <p style="text-align: center;">With nonrelatives</p> <p>7 <input type="checkbox"/> In foster care/foster family</p> <p>8 <input type="checkbox"/> In an institution (hospital)</p> <p>9 <input type="checkbox"/> In school</p> <p>10 <input type="checkbox"/> In correctional facility</p> <p>11 <input type="checkbox"/> Other</p> <p>12 <input type="checkbox"/> Deceased</p> <p>13 <input type="checkbox"/> DK</p> <p style="text-align: right;">} SKIP to item 22a</p>
<p>CHECK ITEM T25 Write the person number of the (first) child.</p>	<p>8226 <input type="text"/> <input type="text"/> <input type="text"/> Person number of (first) child</p>
<p>22a. Before the birth of ...'s (first) child, did ... ever work for pay continuously for six months or more either part time or full time?</p>	<p>8228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Did ... work for pay at a job at any time when ... was pregnant with ...'s (first) child?</p>	<p>8230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 22g</p>
<p>c. Did ... work 35 hours or more per week at the last job ... held before the birth of ...'s (first) child?</p>	<p>8232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. How long before the birth of ...'s (first) child did ... stop working?</p>	<p>8234 <input type="text"/> <input type="text"/> Number of months</p> <p>x3 <input type="checkbox"/> Less than a month</p> <p>x4 <input type="checkbox"/> Never stopped/worked right up to delivery</p>
<p>e. Did ... quit or was ... let go from this job, or did ... take maternity leave or unpaid leave of absence (either before the birth of the child or up to 6 weeks after the child's birth)?</p> <p>Mark all that apply</p>	<p>8236 1 <input type="checkbox"/> Quit</p> <p>8238 2 <input type="checkbox"/> Let go</p> <p>8240 3 <input type="checkbox"/> Maternity/sick/other paid leave</p> <p>8242 4 <input type="checkbox"/> Unpaid leave of absence</p> <p>8244 5 <input type="checkbox"/> Never stopped working — SKIP to Check Item T27</p>
<p>CHECK ITEM T26 Refer to item 22e. Is category 3, "Maternity/sick/other paid leave," marked in item 22e?</p>	<p>8246 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 22g</p>
<p>22f. Did ...'s employer pay for all or part of ...'s leave through maternity benefits or sick pay?</p>	<p>8248 1 <input type="checkbox"/> Yes, all 2 <input type="checkbox"/> Yes, part 3 <input type="checkbox"/> No</p>
<p>ASK OR VERIFY —</p> <p>g. Did ... work for pay at any time after the birth of ...'s (first) child?</p>	<p>8250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T27</p>
<p>h. In what month and year did ... first begin working after the birth of ...'s (first) child?</p>	<p>8252 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8254 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>i. When ... FIRST began working after the birth of ...'s (first) child, did ... work 35 hours or more per week?</p>	<p>8256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T27 Refer to cc item 24. Is ... 18 to 44 years old and a self respondent?</p>	<p>8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to part E, page 54</p>
<p>23. Do you expect to have any (more) children?</p>	<p>8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to part E, page 54</p>
<p>24. How many (more) children do you expect to have?</p>	<p>8262 <input type="text"/> <input type="text"/> Number x1 <input type="checkbox"/> DK</p>
<p>25. When do you expect to have your next (first) child?</p>	<p>8264 1 <input type="checkbox"/> Within a year 2 <input type="checkbox"/> 1 + but less than 2 years 3 <input type="checkbox"/> 2 + but less than 3 years 4 <input type="checkbox"/> 3 + but less than 5 years 5 <input type="checkbox"/> 5 + years x1 <input type="checkbox"/> DK</p>

GO to part E, page 54

Section 5 – TOPICAL MODULES (Continued)

Part E – HOUSEHOLD RELATIONSHIPS

CHECK
ITEM T28

What is the composition of this household?

8266

☐ One person HH

☐ Two person HH consisting of husband and wife

☐ Two person HH consisting of non-relatives

☐ Other

} SKIP to section 6, page 56

CHECK
ITEM T29

Is this the Reference Person's questionnaire?

8268

☐ Yes

☐ No – SKIP to section 6, page 56

Pretranscribe each person's name and person number into column headings a – n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

STATEMENT F

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.
For each person number listed on the left side of this page, ask question 26 and enter codes from Flashcard AA.

ASK OR VERIFY –

26. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?

	Name	Name	Name	Name	Name	Name
	8272 a.	8274 b.	8276 c.	8278 d.	8280 e.	8282 f.
	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
8300						
8330						
8360						
8390						
8420						
8450						
8480						
8510						
8540						
8570						
8600						
8630						
8660						
8690						

GO to section 6, page 56

Section 5 – TOPICAL MODULES (Continued)

Part E – HOUSEHOLD RELATIONSHIPS (Continued)

Name	Name	Name	Name	Name	Name	Name	Name
8284g.	8286h.	8288i.	8290j.	8292k.	8294l.	8296m.	8298n.
Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
8524							
8554	8556						
8584	8586	8588					
8614	8616	8618	8620				
8644	8646	8648	8650	8652			
8674	8676	8678	8680	8682	8684		
8704	8706	8708	8710	8712	8714	8716	

Section 5 – TOPICAL MODULES

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1985. It would be very helpful to refer to records during this part of the interview.

CHECK ITEM T1

Are the names of any businesses listed for . . . on the control card? (cc item 43)

8000

- 1 ☐ Yes – SKIP to 1b
2 ☐ No

CHECK ITEM T2

Was an interview obtained for . . . for each of the 5th, 6th, 7th, and 8th waves (cc items 44, 45, 46, and 47)?

8002

- 1 ☐ Yes – SKIP to Check Item T12, page 48
2 ☐ No

1 a. Did . . . own and operate a business at any time during calendar year 1985?

Include farms

8004

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item T12, page 48

ASK OR VERIFY –

b. How many different businesses did . . . own and operate during calendar year 1985?

8006

Businesses

OR

x3 ☐ None – SKIP to Check Item T12, page 48

ASK OR VERIFY –

c. What were the names of the businesses that . . . owned and operated during calendar year 1985? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)

PGM8

8008

Business name

PGM8

8058

Business name

CHECK ITEM T3

Transcribe ID number for this business from the control card (cc item 43)

PGM7

8010

☐ Business ID No.

OR

x3 ☐ Not listed on control card

PGM7

8060

☐ Business ID No.

OR

x3 ☐ Not listed on control card

CHECK ITEM T4

Has information about this business already been obtained in an interview for another household member?

8012

- 1 ☐ Yes
2 ☐ No – SKIP to 2a

8062

- 1 ☐ Yes
2 ☐ No – SKIP to 2a

INTERVIEWER INSTRUCTION:

Enter name, person number, and business ID number of other owner to indicate location of information about this business.

Name

Person number

8014

Business ID number

8016

OR

x3 ☐ Not listed on control card

SKIP to Check Item T9, page 48

Name

Person number

8064

Business ID number

8066

OR

x3 ☐ Not listed on control card

SKIP to Check Item T10, page 48

ASK OR VERIFY –

2a. What was the form of this (business/practice) – was it a sole proprietorship, a partnership, or a corporation?

8018

- 1 ☐ Sole proprietorship
2 ☐ Partnership
3 ☐ Corporation – Obtain information in employee section – SKIP to Check Item T9, page 48

x1 ☐ DK

8068

- 1 ☐ Sole proprietorship
2 ☐ Partnership
3 ☐ Corporation – Obtain information in employee section – SKIP to Check Item T10, page 48

x1 ☐ DK

b. Was this business primarily located in . . . 's own home or somewhere else?

8020

- 1 ☐ Own home
2 ☐ Somewhere else

8070

- 1 ☐ Own home
2 ☐ Somewhere else

Section 5 — TOPICAL MODULES (Continued)			
Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)			
CHECK ITEM T 5	Is "sole proprietorship" marked in item 2a?	<div><div>8104</div><div>1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No</div></div>	<div><div>8154</div><div>1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No</div></div>
2c.	Were any other members of this household part-owners of this (business/practice)?	<div><div>8106</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g</div></div>	<div><div>8156</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g</div></div>
d.	Which other household members were owners?	<div><div>8108</div><div>Person No. <div><div></div><div></div><div></div></div> Name <div></div></div></div> <div><div>8110</div><div>Person No. <div><div></div><div></div><div></div></div> Name <div></div></div></div>	<div><div>8158</div><div>Person No. <div><div></div><div></div><div></div></div> Name <div></div></div></div> <div><div>8160</div><div>Person No. <div><div></div><div></div><div></div></div> Name <div></div></div></div>
e.	Was this (business/practice) owned entirely by members of this household?	<div><div>8112</div><div>1 <input type="checkbox"/> Yes — SKIP to 2g 2 <input type="checkbox"/> No</div></div>	<div><div>8162</div><div>1 <input type="checkbox"/> Yes — SKIP to 2g 2 <input type="checkbox"/> No</div></div>
f.	What percentage of this (business/practice) was owned by members of this household?	<div><div>8114</div><div><div><div></div><div></div></div> Percent OR x1 <input type="checkbox"/> DK</div></div>	<div><div>8164</div><div><div><div></div><div></div></div> Percent OR x1 <input type="checkbox"/> DK</div></div>
g.	What percentage of this (business/practice) did . . . own in . . . 's own name?	<div><div>8116</div><div><div><div></div><div></div></div> Percent OR x1 <input type="checkbox"/> DK</div></div>	<div><div>8166</div><div><div><div></div><div></div></div> Percent OR x1 <input type="checkbox"/> DK</div></div>
h.	What were the gross receipts of this (business/practice) in 1985? Please use records if they are available. ★ Obtain estimate, if necessary.	<div><div>8118</div><div>\$ <div><div></div><div></div></div> . <div><div></div><div></div></div> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div>	<div><div>8168</div><div>\$ <div><div></div><div></div></div> . <div><div></div><div></div></div> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div>
i.	What were the total expenses of this (business/practice) in 1985? Please use records if they are available. ★ Obtain estimate, if necessary.	<div><div>8120</div><div>\$ <div><div></div><div></div></div> . <div><div></div><div></div></div> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div>	<div><div>8170</div><div>\$ <div><div></div><div></div></div> . <div><div></div><div></div></div> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div>
CHECK ITEM T 6	Is "DK" marked in either 2h or 2i?	<div><div>8122</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T 7</div></div>	<div><div>8172</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T 7</div></div>
2j.	If we were to call back later could you provide us with an estimate of (receipts/expenses)? (This information is especially important for this survey.)	<div><div>8124</div><div>1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No</div></div>	<div><div>8174</div><div>1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 11a or 11b 2 <input type="checkbox"/> No</div></div>
CHECK ITEM T 7	Is "sole proprietorship" marked in item 2a?	<div><div>8126</div><div>1 <input type="checkbox"/> Yes — SKIP to Check Item T 9 2 <input type="checkbox"/> No</div></div>	<div><div>8176</div><div>1 <input type="checkbox"/> Yes — SKIP to Check Item T 10 2 <input type="checkbox"/> No</div></div>

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

2k. What was ...'s net income from this (business/practice) in 1985? Please use records if they are available.



Obtain estimate, if necessary.

8202 \$. 00 } SKIP to Check Item T8

x3 ☐ None

x2 ☐ Ref.

x1 ☐ DK

8204 x4 ☐ Lost money — Enter amount of loss in box — SKIP to Check Item T8

8252 \$. 00 } SKIP to Check Item T8

x3 ☐ None

x2 ☐ Ref.

x1 ☐ DK

8254 x4 ☐ Lost money — Enter amount of loss in box — SKIP to Check Item T8

l. If we were to call back later could you provide us with an estimate? (This information is especially important for the purposes of this survey.)

8206 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 12

2 ☐ No

8256 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 12

2 ☐ No

CHECK ITEM T8

Were any other household members part owners of this business? (See item 2d.)

8208 1 ☐ Yes

2 ☐ No — SKIP to Check Item T9

8258 1 ☐ Yes

2 ☐ No — SKIP to Check Item T10

2m. Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1985 from this (business/practice)?

8210 1 ☐ Yes

2 ☐ No } SKIP to Check Item T9

x1 ☐ DK

8260 1 ☐ Yes

2 ☐ No } SKIP to Check Item T10

x1 ☐ DK

n. What was the amount of net income that was received by (Read names of other household owners)?

Obtain estimate, if necessary.

Person No.

8212

8214 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8216 x4 ☐ Lost money — Enter amount of loss in box

SECOND CO-OWNER

Person No.

8218

8220 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8222 x4 ☐ Lost money — Enter amount of loss in box

Person No.

8262

8264 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8266 x4 ☐ Lost money — Enter amount of loss in box

SECOND CO-OWNER

Person No.

8268

8270 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8272 x4 ☐ Lost money — Enter amount of loss in box

CHECK ITEM T9

Is another business listed in 1c?

8274 1 ☐ Yes — Complete Check Item T3 for next business

2 ☐ No — Go to Check Item T11

Go to Check Item T10

CHECK ITEM T10

Is the number of businesses marked in 1b three or more?

8276 1 ☐ Yes

2 ☐ No — SKIP to Check Item T11

3. What was ...'s net income from ...'s other businesses in 1985? Please use records if they are available.

8278 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8280 x4 ☐ Lost money — Enter amount of loss in box

CHECK ITEM T11

Was ... identified as the owner of a corporation in item 2a?

8282 1 ☐ Yes — SKIP to 4b and consider ... to be an employee of that corporation

2 ☐ No

CHECK ITEM T12

Are the names of any employers listed for ... on the control card? (cc item 42)

8284 1 ☐ Yes — SKIP to 4b

2 ☐ No

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T13

Was an interview obtained for ... for each of the 5th, 6th, 7th, and 8th waves? (cc items 44, 45, 46, and 47)

8286 1 ☐ Yes — SKIP to Check Item T18
2 ☐ No

4a. Did ... work at a paid job at any time during calendar year 1985?

8288 1 ☐ Yes
2 ☐ No — SKIP to Check Item T18

ASK OR VERIFY —

b. For how many different employers did ... work during calendar year 1985?

8290 Employers
OR

(Include self-owned corporations.)

x3 ☐ None — SKIP to Check Item T18

ASK OR VERIFY —

c. What were the names of the employers that ... worked for in 1985?

PGM 8 Employer Name

PGM 8 Employer Name

8300

8350

What is the address of that employer (the address of the physical location)?

PGM 8 Street address

PGM 8 Street address

8302

8352

PGM 8 City/State

PGM 8 City/State

8303

8353

PGM 8 ZIP code

PGM 8 ZIP code

8304

8354

List up to 2 employers; list employers according to amount of earnings received in 1985, beginning with employer from whom ... received the greatest earnings.

CHECK ITEM T14

If information on this employer was obtained in part A1(p.14) or part A2(p.16), transcribe the employer ID number.

PGM 7

8310

☐ Employer ID number — SKIP to 5a
OR
x3 ☐ No information in A1 or A2

PGM 7

8360

☐ Employer ID number — SKIP to 5a
OR
x3 ☐ No information in A1 or A2

4d. What kind of business or industry was (Read name of company or business)?

PGM 8

8312

PGM 8

8362

e. Was it mainly —

PGM 8

8314

1 ☐ Manufacturing?
2 ☐ Wholesale trade?
3 ☐ Retail trade?
4 ☐ Some other kind of business?

PGM 8

8364

1 ☐ Manufacturing?
2 ☐ Wholesale trade?
3 ☐ Retail trade?
4 ☐ Some other kind of business?

f. What kind of work was ... doing on this job?

PGM 8

8316

PGM 8

8366

g. What were ... 's main activities or duties?

PGM 8

8318

PGM 8

8368

h. Was ... an employee of —

PGM 8

8320

1 ☐ A private company or individual?
2 ☐ Federal Government? (Exclude Armed Forces)
3 ☐ State government?
4 ☐ Local government?
5 ☐ Armed Forces?
6 ☐ Unpaid in family business or farm? — SKIP to Check Item T16

PGM 8

8370

1 ☐ A private company or individual?
2 ☐ Federal Government? (Exclude Armed Forces)
3 ☐ State government?
4 ☐ Local government?
5 ☐ Armed Forces?
6 ☐ Unpaid in family business or farm? — SKIP to Check Item T16

5a. Do you have a W-2 form from (Read name of employer) or a completed worksheet that you can refer to?

PGM 7

8322

1 ☐ Yes
2 ☐ No

(If "Yes," ask respondent to use the W-2 form or worksheet.

PGM 7

8372

1 ☐ Yes
2 ☐ No

b. (According to ... 's W-2 form or worksheet) how much did ... earn from ... 's job with (Read name of employer) during 1985 before any deductions?

8324

\$.00

x1 ☐ DK
x2 ☐ Ref. — SKIP to Check Item T16

Obtain estimate, if necessary.

8374

\$.00

x1 ☐ DK
x2 ☐ Ref. — SKIP to Check Item T17

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T15	Does . . . have a W-2 form or completed worksheet to refer to?	8676 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T16</i>	8726 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T17</i>																																																
5c.	According to the W-2 form (or worksheet), what is the identification number of this employer?	Identification number 8678 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 8680 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 8682 x1 <input type="checkbox"/> DK																									Identification number 8728 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 8730 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 8732 x1 <input type="checkbox"/> DK																								
d.	In 1985, how much was deducted from . . . 's pay for –	8800 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.							8850 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																																										
	(1) Federal Income Taxes?																																																		
	(2) State and local income taxes?	8802 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.							8852 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																																										
	(3) Social Security (FICA) taxes?	8804 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.							8854 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																																										
	(4) Health insurance?	8806 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.							8856 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																																										
CHECK ITEM T16	Is another employer listed in 4c?	8956 1 <input type="checkbox"/> Yes – Complete Check Item T14 for next employer 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>	Go to Check Item T17																																																
CHECK ITEM T17	Is the number of employers marked in 4b three or more?	9058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>																																																	
6.	What was the total amount . . . earned from . . . 's other employers in 1985 before deductions? (Please use W-2 forms if you have any.) Obtain estimate, if necessary.	9060 \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																																																	
CHECK ITEM T18	Refer to cc items 46 and 47. Are any of the ISS codes 100–110, 130, or 174 marked on the control card for . . . for the 5th, 6th, 7th, or 8th waves?	9100 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T20</i> 2 <input type="checkbox"/> No																																																	
CHECK ITEM T19	Was an interview obtained for . . . for each of the 5th, 6th, 7th, and 8th waves? (cc items 44, 45, 46, and 47)	9102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7b</i>																																																	
7a.	We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1985 – is that correct?	9104 1 <input type="checkbox"/> Yes, correct – <i>SKIP to Check Item T23, page 53</i> 2 <input type="checkbox"/> No, not correct – did receive interest or dividends – <i>SKIP to Check Item T20</i>																																																	
b.	Did . . . receive any income in the form of interest or dividends in calendar year 1985? Mark "Yes" if received jointly or in own name.	9106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T23, page 53</i>																																																	
CHECK ITEM T20	Interview status of . . . 's spouse	9108 1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse already completed 3 <input type="checkbox"/> Interview for spouse not yet completed	} <i>SKIP to 8a</i>																																																

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

(HAND RESPONDENT CARD X)

7c. Please look at this card and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1985. Do not count IRA or KEOGH investments.

Any others?

(1) Regular or passbook savings accounts

9110 x3 ☐ None — SKIP to 8a

9112 1 ☐ Owned

(2) Money Market deposit accounts

9116 1 ☐ Owned

(3) Certificates of deposit or other savings certificates

9120 1 ☐ Owned

(4) NOW, Super NOW, or other interest earning checking accounts

9124 1 ☐ Owned

(5) Money market mutual funds

9128 1 ☐ Owned

(6) Stocks and mutual fund shares

9132 1 ☐ Owned

(7) U.S. Savings Bonds (E, EE)

9136 1 ☐ Owned

(8) Other U.S. Government securities

9140 1 ☐ Owned

(9) Municipal bonds

9144 1 ☐ Owned

(10) Corporate bonds

9148 1 ☐ Owned

(11) Mortgages

9152 1 ☐ Owned

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.)

9156 1 ☐ Owned

(ASK FOR EACH ASSET OWNED)

7d. How much income did . . . and . . . 's (husband/wife) receive from their jointly owned (Read name of asset) in 1985?

9114 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9118 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9122 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9126 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9130 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9134 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9138 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9142 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9146 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9150 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9154 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9158 \$. 00

x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T21

Is "DK" marked in 7d for any of the assets?

9160 1 ☐ Yes
2 ☐ No — SKIP to 8a

7e. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read all asset types marked owned) during 1985?

9162 \$. 00

x1 ☐ DK
x2 ☐ Ref.

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

(HAND RESPONDENT CARD X)

8a. Please look at this card and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1985? Do not count IRA or KEOGH investments.

Anything else?

(1) Regular or passbook savings accounts . . .

9164 x3 ☐ None —
SKIP to
Check Item
T23

9166 1 ☐ Owned

(2) Money Market deposit accounts

9170 1 ☐ Owned

(3) Certificates of deposit or other savings certificates

9174 1 ☐ Owned

(4) NOW, Super NOW, or other interest earning checking accounts

9178 1 ☐ Owned

(5) Money market mutual funds

9182 1 ☐ Owned

(6) Stocks and mutual fund shares

9186 1 ☐ Owned

(7) U.S. Savings Bonds (E, EE)

9190 1 ☐ Owned

(8) Other U.S. Government securities

9194 1 ☐ Owned

(9) Municipal bonds

9198 1 ☐ Owned

(10) Corporate bonds

9202 1 ☐ Owned

(11) Mortgages

9206 1 ☐ Owned

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond funds, unit bond trusts, money loaned to a private individual, etc.)

9210 1 ☐ Owned

(ASK FOR EACH ASSET OWNED)

8b. How much income did . . . receive from (Read name of asset) in 1985?

9168 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9172 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9176 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9180 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9184 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9188 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9192 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9196 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9200 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9204 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9208 \$. 00

x1 ☐ DK
x2 ☐ Ref.

9212 \$. 00

x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM T22**

Is "DK" marked in 8b for any of the assets?

9214 1 ☐ Yes
2 ☐ No — SKIP to Check Item T23

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

8c. What is your best estimate of the average amount that . . . had in these (Read all asset types marked owned) during 1985?

9216 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

**CHECK
ITEM T23**

Refer to cc item 46

Is ISS Code 120 marked on the control card for . . . for the 5th, 6th, 7th, or 8th waves?

9218 1 ☐ Yes — SKIP to 9b
 2 ☐ No

**CHECK
ITEM T24**

Was an interview obtained for . . . for each of the 5th, 6th, 7th, and 8th waves (cc items 44, 45, 46, and 47)?

9220 1 ☐ Yes — SKIP to 10a
 2 ☐ No

9a. Did . . . own any kind of rental property during 1985, either in . . . 's own name or jointly with someone else?

9222 1 ☐ Yes — SKIP to 9c
 2 ☐ No — SKIP to 10a

b. We learned from earlier interviews that . . . owned some rental property in calendar year 1985 — is that correct?

9224 1 ☐ Yes
 2 ☐ No — SKIP to 10a

c. What kind of property did . . . own, either as sole owner or part owner?



(ASK FOR EACH PROPERTY OWNED)
9d. What was . . . 's net income from this property in 1985? If jointly owned, count only . . . 's share.

(1) Vacation home

9226 1 ☐ Owned

9228 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9230 x4 ☐ Lost money — Enter amount of loss in box

(2) Other residential property (nonfarm) . . .

9232 1 ☐ Owned

9234 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9236 x4 ☐ Lost money — Enter amount of loss in box

(3) Farm property

9238 1 ☐ Owned

9240 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9242 x4 ☐ Lost money — Enter amount of loss in box

(4) Commercial property

9244 1 ☐ Owned

9246 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9248 x4 ☐ Lost money — Enter amount of loss in box

(5) Equipment

9250 1 ☐ Owned

9252 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9254 x4 ☐ Lost money — Enter amount of loss in box

(6) Anything else

9256 1 ☐ Owned

9258 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9260 x4 ☐ Lost money — Enter amount of loss in box

**CHECK
ITEM T25**

Is "DK" marked in 9d for any type of property?

9262 1 ☐ Yes
 2 ☐ No — SKIP to 10a

9e. If we were to call back later, could you provide us with an estimate of the total amount of net income from rental property . . . received in 1985? (Information on rental income is very important for the purposes of this survey.)

9264 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 13
 2 ☐ No

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

10a. Does . . . have an Individual Retirement Account — an IRA — in . . . 's OWN name?

Do not mark "Yes" if . . . is only included in . . . 's (husband's/wife's) IRA accounts.

9330 1 ☐ Yes
2 ☐ No } SKIP to 10h
x1 ☐ DK }

b. Did . . . make any contributions to IRA accounts which applied to . . . 's 1985 tax return?

9332 1 ☐ Yes
2 ☐ No } SKIP to 10d
x1 ☐ DK }

c. How much were . . . 's contributions to IRA accounts which applied to . . . 's 1985 tax return?

9334 \$. 00
x1 ☐ DK
x2 ☐ Ref.

d. Did . . . make any withdrawals from . . . 's IRA accounts during 1985?

Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

9336 1 ☐ Yes
2 ☐ No } SKIP to 10f
x1 ☐ DK }

e. How much did . . . withdraw from IRA accounts during 1985?

9338 \$. 00
x1 ☐ DK
x2 ☐ Ref.

f. Including ALL IRA accounts in . . . 's OWN name, how much did . . . 's IRA accounts earn during 1985?

9340 \$. 00
x1 ☐ DK
x2 ☐ Ref.

g. What types of assets did . . . have in . . . 's IRA accounts during 1985?

Mark all that apply.

Anything else?

9342 1 ☐ Certificates of deposit or other savings certificates
9344 2 ☐ Money Market Funds
9346 3 ☐ U.S. Government Securities
9348 4 ☐ Municipal or Corporate Bonds
9350 5 ☐ U.S. Savings Bonds
9352 6 ☐ Stocks or Mutual Fund Shares
9354 7 ☐ Other Assets — *Specify* ↓

9356 x1 ☐ DK

h. Does . . . have a KEOGH account in . . . 's OWN name?

9358 1 ☐ Yes
2 ☐ No } SKIP to 10o
x1 ☐ DK }

i. Did . . . make any contributions to a KEOGH account which applied to . . . 's 1985 tax return?

9360 1 ☐ Yes
2 ☐ No } SKIP to 10k
x1 ☐ DK }

j. How much were . . . 's contributions to KEOGH accounts which applied to . . . 's 1985 tax return?

9362 \$. 00
x1 ☐ DK
x2 ☐ Ref.

k. Did . . . make any withdrawals from . . . 's KEOGH accounts during 1985?

9364 1 ☐ Yes
2 ☐ No } SKIP to 10m
x1 ☐ DK }

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

10 l. How much did . . . withdraw from KEOGH accounts during 1985?

9366 \$. 00

x1 ☐ DK

x2 ☐ Ref.

m. Including ALL KEOGH accounts in . . . 's OWN name, how much did . . . 's KEOGH accounts earn during 1985?

9368 \$. 00

x1 ☐ DK

x2 ☐ Ref.

n. What types of assets did . . . have in . . . 's KEOGH accounts during 1985?

Mark all that apply.

Anything else?

9370 1 ☐ Certificates of deposit or other savings certificates

9372 2 ☐ Money Market Funds

9374 3 ☐ U.S. Government Securities

9376 4 ☐ Municipal or Corporate Bonds

9378 5 ☐ U.S. Savings Bonds

9380 6 ☐ Stocks or Mutual Fund Shares

9382 7 ☐ Other Assets – Specify

9384 x1 ☐ DK

o. During 1985, did . . . participate in a salary reduction plan, sometimes called a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

9386 1 ☐ Yes

2 ☐ No

x1 ☐ DK } SKIP to Check Item T26

p. How much did . . . contribute to this plan during 1985?

9388 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES

CHECK ITEM T26	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9390 1 <input type="checkbox"/> Yes – SKIP to 11a 2 <input type="checkbox"/> No														
1 a.	Did . . . file a Federal income tax return for 1985? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9392 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11a														
b.	Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9394 1 <input type="checkbox"/> Yes – Allow person time to get form 2 <input type="checkbox"/> No														
2.	What was . . . 's filing status on . . . 's 1985 Federal tax return? Did . . . file as – <i>Read categories – Mark (X) one</i>	9396 1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? x1 <input type="checkbox"/> DK														
3 a.	What were the total number of exemptions claimed on . . . 's tax return?	9398 <input type="text"/> <input type="text"/> Exemptions – If "01" SKIP to 4 x1 <input type="checkbox"/> DK														
CHECK ITEM T27	Refer to cc item 20. Number of current household members.	9400 1 <input type="checkbox"/> One – SKIP to 3c 2 <input type="checkbox"/> Two or more														
3 b.	Besides . . . which persons in this household did . . . claim as an exemption?	<table><tr><td>Person No.</td><td>Name</td></tr><tr><td>9402 <input type="text"/></td><td><input type="text"/></td></tr><tr><td>9404 <input type="text"/></td><td><input type="text"/></td></tr><tr><td>9406 <input type="text"/></td><td><input type="text"/></td></tr><tr><td>9408 <input type="text"/></td><td><input type="text"/></td></tr><tr><td>9410 <input type="text"/></td><td><input type="text"/></td></tr><tr><td>9412</td><td>1 <input type="checkbox"/> None in household</td></tr></table>	Person No.	Name	9402 <input type="text"/>	<input type="text"/>	9404 <input type="text"/>	<input type="text"/>	9406 <input type="text"/>	<input type="text"/>	9408 <input type="text"/>	<input type="text"/>	9410 <input type="text"/>	<input type="text"/>	9412	1 <input type="checkbox"/> None in household
Person No.	Name															
9402 <input type="text"/>	<input type="text"/>															
9404 <input type="text"/>	<input type="text"/>															
9406 <input type="text"/>	<input type="text"/>															
9408 <input type="text"/>	<input type="text"/>															
9410 <input type="text"/>	<input type="text"/>															
9412	1 <input type="checkbox"/> None in household															
ASK OR VERIFY –		9414 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4														
c.	Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?															
d.	What was the relationship of this (these) person(s) to . . . ? <i>Record two persons only</i>	<table><tr><th>FIRST DEPENDENT</th><th>SECOND DEPENDENT</th></tr><tr><td>9416 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td><td>9418 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td></tr></table>	FIRST DEPENDENT	SECOND DEPENDENT	9416 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other	9418 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other										
FIRST DEPENDENT	SECOND DEPENDENT															
9416 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other	9418 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other															
4.	Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?	9420 1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK } SKIP to Check Item T28														
5.	I am going to read a list of forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1985 tax return.															
(1)	Schedule A, Itemized Deductions	9422 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK														
(2)	Schedule D, Capital Gains and Losses	9424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK														
(3)	Schedule E, Supplemental Income Schedule	9426 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK														

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

CHECK ITEM T28

Does the respondent have a copy of . . . 's
Federal income tax form or a worksheet to
refer to?

9428

1 ☐ Yes

2 ☐ No — SKIP to 9

CHECK ITEM T29

Is "Form 1040" marked in item 4?

9430

1 ☐ Yes

2 ☐ No — SKIP to 8

CHECK ITEM T30

Is "Schedule A, Itemized Deductions"
marked "Yes" in item 5(1)?

9432

1 ☐ Yes

2 ☐ No — SKIP to 6c

**6a. How much were . . . 's (and . . . 's husband's/wife's)
itemized deductions for 1985?**
(Form 1040, line 34a.)

9434

\$. 00

x1 ☐ DK

x2 ☐ Ref.

} SKIP to 7

**b. How much were . . . 's (and . . . 's husband's/wife's)
deductions for interest paid during 1985?**
(Schedule A, line 14)

9436

\$. 00

x1 ☐ DK

x2 ☐ Ref.

**c. Did . . . (and . . . 's husband/wife) have any taxable
pensions, annuities, or IRA distributions during
1985?**

9438

1 ☐ Yes

2 ☐ No — SKIP to 6e

**d. How much were . . . 's taxable pensions,
annuities, and IRA distributions? (Form 1040,
lines 16 and 17b.)**

9440

\$. 00

x1 ☐ DK

x2 ☐ Ref.

**e. Did . . . (and . . . 's husband/wife) have any taxable
social security benefits during 1985?**

9442

1 ☐ Yes

2 ☐ No — SKIP to 6g

**f. How much were . . . 's (and . . . 's husband's/wife's)
taxable social security benefits? (Form 1040, line
21b.)**

9444

\$. 00

x1 ☐ DK

x2 ☐ Ref.

**g. On . . . 's Form 1040, did . . . (and . . . 's
husband/wife) claim —**

(Ask for each credit
claimed.)

**6h. What was the
amount of the (Read
name of credit)
claimed?**

(1) A child and dependent care expense credit . . .
(Form 1040, line 41)

9446

1 ☐ Yes

2 ☐ No

9448

\$. 00

x1 ☐ DK

x2 ☐ Ref.

**(2) A credit for the elderly and the permanently
and totally disabled**

9450

1 ☐ Yes

2 ☐ No

9452

\$. 00

x1 ☐ DK

x2 ☐ Ref.

(3) A general business credit
(Form 1040, line 48)

9454

1 ☐ Yes

2 ☐ No

9456

\$. 00

x1 ☐ DK

x2 ☐ Ref.

CHECK ITEM T31

Is "Schedule D, Capital Gains and
Losses" marked "Yes" in item 5(2)?

9458

1 ☐ Yes

2 ☐ No — SKIP to 8

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

- 7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1985?**
(Form 1040, line 13.)

9460 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.
 x4 ☐ Lost money — Enter amount of loss in box

(SHOW FLASHCARD Y WITH APPROPRIATE TAX FORM)

- 8. This card shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year.**

- a. Adjusted gross income is total income less certain types of adjustments and exclusions. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1985?**

9462 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.
 x4 ☐ Lost money — Enter amount of loss in box

} SKIP to 10a

- b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1985?**

9464 \$. 00

x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

CHECK ITEM T32

Amount of gross income reported in 8a.

9466 1 ☐ \$11,000 or more — SKIP to 11a
 2 ☐ Less than \$11,000 — SKIP to 10a

- 9a. Can you give me an estimate of ...'s Federal income tax liability for 1985?**

9468 1 ☐ Yes
 2 ☐ No — SKIP to 10a

- b. How much was ...'s Federal income tax liability? Count all taxes paid or withheld minus any refunds.**

9470 \$. 00

- 10a. Did ... claim an earned income credit on ...'s Federal income tax return?**

9472 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to 11a

- b. What was the amount of earned income credit claimed?**

9474 \$. 00

x1 ☐ DK
 x2 ☐ Ref.

- 11a. Did ... file a State and/or local income tax return for 1985?**

9476 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to Check Item T35

CHECK ITEM T33

ASK OR VERIFY —

Was ... married as of December 31, 1985?

Mark "Yes" if spouse died during 1985.

9478 1 ☐ Yes
 2 ☐ No — SKIP to 11c

- 11b. Did ... file a State and/or local income tax return jointly with ...'s (husband/wife)?**

9480 1 ☐ Yes
 2 ☐ No — SKIP to 11c

CHECK ITEM T34

Has an interview already been obtained for ...'s spouse?

9482 1 ☐ Yes — SKIP to Check Item T35
 2 ☐ No

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES (Continued)

11c. How much was ...’s total State and local income tax liability for 1985? Count all taxes paid or withheld minus any refunds.

Obtain estimate, if necessary.

9484

\$

.

00

x3

☐

None

x1

☐

DK

x2

☐

Ref.

CHECK
ITEM T35

Refer to cc item 15 –
Tenure
Are ...’s living quarters –

9486

1

☐

Owned or being bought?

2

☐

Rented for cash?

3

☐

Occupied without cash payment?

} SKIP to part C, page 60

CHECK
ITEM T36

Interview status of ...’s spouse

9488

1

☐

No spouse in household

2

☐

Interview for spouse not yet conducted

3

☐

Interview for spouse already conducted –

SKIP to part C, page 60

12a. Did ... pay any property taxes on ...’s residence(s) in 1985?

9490

1

☐

Yes

2

☐

No – SKIP to part C, page 60

b. Did ... pay these jointly with someone else living here?

9492

1

☐

Yes

2

☐

No – SKIP to 12d

c. Who made these joint payments with ...?

	Person No.	Name
9494		
	Person No.	Name
9496		

d. What was the property tax bill for ...’s residence(s) in 1985?

Obtain estimate, if necessary.

9498

\$

.

00

x1

☐

DK

x2

☐

Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING

Statement D

The next few questions are about school enrollment and financing.

1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

- 9610 1 ☐ Yes
2 ☐ No — SKIP to Check Item M1, page 62

2. At what level or grade was . . . enrolled?
(If enrolled at more than one level in the past 12 months, check level in which greatest amount of time was spent.)

- 9612 1 ☐ Elementary grades 1–8
2 ☐ High school grades 9–12
3 ☐ College year 1
4 ☐ College year 2
5 ☐ College year 3
6 ☐ College year 4
7 ☐ College year 5
8 ☐ College year 6+
9 ☐ Vocational school
10 ☐ Technical school
11 ☐ Business school
12 ☐ Other or DK

CHECK
ITEM T37

Was . . . enrolled in elementary or high school?

- 9614 1 ☐ Yes
2 ☐ No — SKIP to 4

3. Was . . . enrolled in a public school?
(Mark “Yes” if the school at which . . . spent the greatest amount of time was public.)

- 9616 1 ☐ Yes — SKIP to Check Item M1, page 62
2 ☐ No

4. During the past 12 months —

a. What was the total cost of . . .’s tuition and fees?

- 9618 \$. 00
x3 ☐ None
x1 ☐ DK

b. What was the total cost of . . .’s books and supplies?

- 9620 \$. 00
x3 ☐ None
x1 ☐ DK

c. Did . . . live away from home while attending school?

- 9622 1 ☐ Yes
2 ☐ No — SKIP to 5

d. What was the total cost for room and board while away at school?

- 9624 \$. 00
x1 ☐ DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)

(HAND RESPONDENT CARD Z)

5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past 12 months.

Anything else?

5b. How much did . . . receive?

9626 x3 ☐ None —
SKIP to
Check Item
M1

(1) The GI Bill?

9628 1 ☐ Received

9630 \$. 00
x1 ☐ DK

(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)

9632 1 ☐ Received

9634 \$. 00
x1 ☐ DK

(3) College Work Study Program?

9636 1 ☐ Received

9638 \$. 00
x1 ☐ DK

(4) A Pell Grant?

9640 1 ☐ Received

9642 \$. 00
x1 ☐ DK

(5) A Supplemental Educational Opportunity Grant (SEOG)?

9644 1 ☐ Received

9646 \$. 00
x1 ☐ DK

(6) A National Direct Student Loan (NDSL)?

9648 1 ☐ Received

9650 \$. 00
x1 ☐ DK

(7) A guaranteed student loan?

9652 1 ☐ Received

9654 \$. 00
x1 ☐ DK

(8) A JTPA Training Program?

9656 1 ☐ Received

9658 \$. 00
x1 ☐ DK

(9) Employer assistance

9660 1 ☐ Received

9662 \$. 00
x1 ☐ DK

(10) A fellowship or scholarship?

9664 1 ☐ Received

9666 \$. 00
x1 ☐ DK

(11) A tuition reduction?

9668 1 ☐ Received

9670 \$. 00
x1 ☐ DK

(12) Anything else (other than assistance from relatives and friends)?

9672 1 ☐ Received

9674 \$. 00
x1 ☐ DK

NOTES

246

CARD A

LETTER TO RESPONDENT

SIPP-4105
(4-83)



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, D.C. 20233

OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

A Bureau of the Census interviewer, who will show you an official identification card, will call on you within the next few days. This interviewer is conducting a survey for the Census Bureau on the economic situation of persons and families in the United States. This survey will collect information on topics such as jobs, earnings, and participation in various government programs. Information collected in this survey, together with data from other sources, will be used to learn more about how people are meeting their everyday expenses, determine how government programs are working, and consider what changes are needed to make these programs more effective.

This is a sample survey in which your household was selected scientifically to be representative of other households in the United States. It is being conducted under the authority of title 13, United States Code, section 182. Under this law, the information you provide will be seen only by sworn Census Bureau employees and must be held in strictest confidence. All information obtained will be used to prepare statistical summaries from which no information about you or your family can be identified.

Your participation is extremely important to ensure the completeness and accuracy of the survey data. Although there are no penalties for failure to answer any question in this voluntary survey, each unanswered question substantially lessens the accuracy of the final results.

On the reverse of this letter are the answers to questions most frequently asked about this survey.

We look forward to your cooperation.

Sincerely,

BRUCE CHAPMAN

CARD A

LETTER TO RESPONDENT

SIPP-4205
(11-84)



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, D.C. 20233
OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

About 4 months ago, an interviewer from the Bureau of the Census visited your household regarding a survey being conducted by the Census Bureau. We appreciate your continuing participation in this survey about the economic situation of American families.

Within a few days, an interviewer from the Census Bureau, who will show you an official identification card, will call on you to ask some additional questions about employment, earnings, and participation in various Government programs. The information given us in the previous interview will be combined with that obtained during this interview to provide measures on how well families are doing financially and how their situations change over time.

The survey is being conducted under the authority of Title 13, United States Code, Section 182. As in the last interview, all information given to the interviewer is, by law, held in strictest confidence and may be used only to prepare statistical summaries from which no information about you as an individual can be identified.

This is a sample survey designed to obtain interviews from each household over a number of months. Your participation is extremely important to ensure the completeness and accuracy of the survey data. Although there are no penalties for failure to answer any questions in this voluntary survey, each unanswered question lessens the accuracy of the final results.

Thank you for your participation in this survey.

Sincerely,

C. L. KINCANNON

CARD A

LETTER TO RESPONDENT

SIPP-4305
(1-84)



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census

Washington, D.C. 20233

OFFICE OF THE DIRECTOR

FROM THE DEPUTY DIRECTOR
BUREAU OF THE CENSUS

About 4 months ago, an interviewer from the Bureau of the Census visited your household regarding a survey on the economic situation of persons and families who live in the United States.

Within a few days, a Census Bureau interviewer, who will show you an official identification card, will call on you to ask some additional questions about employment, earnings, and participation in various Government programs, as well as questions about your job, work history, health, and education. The information you give us will help provide a more complete picture of the economic background of the population. Together with the information reported in previous interviews, we will be able to measure how well families are doing financially and how their situations change over a period of time. In addition, we will be able to measure more fully such things as how education affects current employment, how health conditions and disabilities affect job and financial status, and how people improve their earnings through job training programs.

The Census Bureau conducts this survey under the authority of Title 13, United States Code, Section 182. As in the last interview, all information you give to the interviewer is, by law (Title 13, United States Code), held in strictest confidence and may be used only for statistical purposes from which no information about you as an individual can be identified.

This is a sample survey designed to obtain a number of interviews from each household over several months. Your participation is extremely important to ensure the completeness and accuracy of the final results. Although this is a voluntary survey and there are no penalties for failure to answer any questions, each unanswered question lessens the accuracy of the final data.

Thank you for your past contribution, and we hope you will continue to participate in this important survey.

Sincerely,

C. L. KINCANNON

CARD A

LETTER TO RESPONDENT

SIPP-4405(L)
(5-84)



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census

Washington, D.C. 20233

OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

A few months ago, an interviewer from the Bureau of the Census visited your household regarding a survey on the economic situation of persons and families in the United States.

Within a few days, a Census Bureau interviewer, who will display an official identification card, will call on you to ask some additional questions about employment, earnings, and participation in various Government programs, as well as questions about assets, retirement and pension coverage, and housing conditions. The information you report will help provide a more complete picture of the economic background of the population. Together with the information reported in previous interviews, this new information will enable us to measure how well families are doing financially and how their situations change over a period of time. This information also will help us to understand more fully such things as how people plan for retirement.

This is a sample survey designed to obtain interviews from each household over a number of months. It is important that we interview the same persons over a period of time in order to obtain information on personal and family characteristics that are subject to change. Knowing the frequency and types of changes that occur, such as changes in employment, living arrangements, and participation in government programs, will provide valuable information on the economic situation of American families. Also, by being interviewed every 4 months, you should recall more easily the events and information we ask you about, resulting in more accurate data and a shorter, less complicated interview.

Your continued participation is extremely important to ensure the completeness and accuracy of the final results. Although participation is voluntary and there are no penalties for failure to answer any questions, each unanswered question lessens the accuracy of the final data.

We are conducting this survey under the authority of Title 13, United States Code, Section 182. As in the last interview, this law requires that we hold all the information given to the interviewer in strictest confidence. By law, we may use this information only for statistical purposes and only in ways that no information about you as an individual can be identified.

Thank you for your past contribution, and we hope you will continue to participate in this important and useful survey.

Sincerely,

JOHN G. KEANE

CARD A

LETTER TO RESPONDENT

SIPP-4504
(9-84)



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, D.C. 20233

OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

A few months ago, an interviewer from the Bureau of the Census visited your household regarding a survey on the economic situation of persons and families in the United States.

Within a few days, a Census Bureau interviewer, who will display an official identification card, will call on you to ask some additional questions about employment, earnings, and participation in various Government programs. This information will help provide a more complete picture of the economic background of the population. Together with the data reported in previous interviews, the new information will enable us to measure how well families are doing financially and how their situations change over a period of time. This information will help us learn more about how people are meeting their everyday expenses, determine how government programs are working, and consider what changes are needed to make these programs more effective.

This is a sample survey designed to obtain interviews from each household over a number of months. It is important that we interview the same persons over a period of time in order to obtain information on personal and family characteristics that are subject to change. Knowing the frequency and types of changes that occur, such as changes in employment, living arrangements, and participation in government programs, will provide valuable information on the economic situation of American families. Also, by being interviewed every 4 months, you should recall more easily the events and information asked in the survey, resulting in more accurate data and a shorter, less complicated interview.

Although your continued participation is voluntary, it is extremely important to ensure the completeness and accuracy of the final results. There are no penalties for failure to answer any questions, but each unanswered item lessens the accuracy of the final data.

We are conducting this survey under the authority of Title 13, United States Code, Section 182. As in the last interview, this law requires that we hold all the information given to the interviewer in strictest confidence. By law, we may use this information only for statistical purposes and only in ways that no information about you as an individual can be identified.

Thank you for your past contributions, and we hope you will continue to participate in this important and useful survey.

Sincerely,

JOHN G. KEANE

CARD A

LETTER TO RESPONDENT



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, D.C. 20233
OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

A few months ago, an interviewer from the Bureau of the Census visited your household regarding a survey on the economic situation of persons and families in the United States.

Within a few days, a Census Bureau interviewer, who will display an official identification card, will call on you to ask some additional questions about employment, earnings, and participation in various government programs, as well as questions about taxes and employee benefits. The information you report will help provide a better picture of the economic background of the population. Together with the information reported in previous interviews, this new information will enable us to measure how well families are doing financially and how their situations change over a period of time.

We are conducting this survey under the authority of Title 13, United States Code, Section 182. As in the last interview, this law requires that we hold all the information given to the interviewer in strictest confidence. By law, we may use this information only for statistical purposes and only in ways that no information about you as an individual can be identified.

Although your continued participation is voluntary, it is extremely important to ensure the completeness and accuracy of the final results. There are no penalties for failure to answer any questions, but each unanswered item lessens the accuracy of the final data.

Thank you for your past contributions. We hope you will continue to participate in this important and useful survey. Your Census Bureau is grateful for your help.

Sincerely,

A handwritten signature in cursive script that reads "John G. Keane".

JOHN G. KEANE

CARD A

LETTER TO RESPONDENT



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census

Washington, D.C. 20233

OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

A few months ago, an interviewer from the Bureau of the Census visited your household regarding a survey on the economic situation of persons and families in the United States.

Within a few days, a Census Bureau interviewer, who will display an official identification card, will call on you to ask some additional questions about employment, earnings, and participation in various government programs, as well as questions about assets and liabilities, and pension plan coverage. The information you report will help provide a more complete picture of the economic background of the population. Together with the information reported in previous interviews, this new information will enable us to measure how well families are doing financially and how their situations change over a period of time.

We are conducting this survey under the authority of Title 13, United States Code, Section 182. As in the last interview, this law requires that we hold all the information given to the interviewer in strictest confidence. By law, we may use this information only for statistical purposes and only in ways that no information about you as an individual can be identified.

Although your continued participation is voluntary, it is extremely important to ensure the completeness and accuracy of the final results. There are no penalties for failure to answer any questions, but each unanswered item lessens the accuracy of the final data.

Thank you for your past contributions. We hope you will continue to participate in this important and useful survey. Your Census Bureau is grateful for your help.

Sincerely,

JOHN G. KEANE

CARD A

LETTER TO RESPONDENT



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census

Washington, D.C. 20233

OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

A few months ago, an interviewer from the Bureau of the Census visited your household regarding a survey on the economic situation of persons and families in the United States.

A Census Bureau interviewer, who will display an official identification card, will call on you again within a few days to update the information that we collected during our last visit. We will also ask some new questions about changes in residence, number of children ever born, and marital history.

We are conducting this survey under the authority of Title 13, United States Code, Section 182. As in the last interview, this law requires that we hold all the information given to the interviewer in strictest confidence. By law, we may use this information only for statistical purposes and only in ways that no information about you as an individual can be identified.

Although your continued participation is voluntary, it is extremely important to ensure the completeness and accuracy of the final results. There are no penalties for failure to answer any questions, but each unanswered item lessens the accuracy of the final data.

We will visit your household one more time after this interview. We realize that finding time for the interviews can be very difficult for busy people like yourselves. We appreciate the patience and understanding you have shown in the past and hope you will continue to participate in this important and useful survey. The Census Bureau is grateful to you for your help.

Sincerely,

JOHN G. KEANE

CARD A

LETTER TO RESPONDENT



UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, D.C. 20233
OFFICE OF THE DIRECTOR

FROM THE DIRECTOR
BUREAU OF THE CENSUS

A few months ago, an interviewer from the Bureau of the Census visited your household regarding a survey on the economic situation of persons and families in the United States.

A Census Bureau interviewer, who will display an official identification card, will call on you again within a few days to complete the last interview for this survey. We will ask questions about employment, yearly earnings, taxes, and participation in various government programs. We will use information from this and previous interviews to measure families' financial situations now and over time.

This interview will include questions for which yearly records, such as W-2 forms and tax returns, are usually available. To help reduce the time required for the interview, we encourage you to use your records to fill in the information on the back of this letter. Then use this information, along with your records, during the interview.

We are conducting this survey under the authority of Title 13, United States Code, Section 182. As in the last interview, this law requires that we hold all the information given to the interviewer in strictest confidence. By law, we may use this information only for statistical purposes and only in ways that no information about you as an individual can be identified.

Although your continued participation is voluntary, it is extremely important to ensure the completeness and accuracy of the final results. There are no penalties for failure to answer any questions, but each unanswered question lessens the accuracy and usefulness of the final data. Please assist us.

Thank you for your past cooperation. The Census Bureau is grateful to you for your help.

Sincerely,

A handwritten signature in cursive script that reads "John G. Keane".

JOHN G. KEANE

CARD A — Continued

LETTER TO RESPONDENT — Continued

WHAT IS THE PURPOSE OF THIS SURVEY?

We are taking this survey to get a picture of the economic situation of the people throughout the Nation. We are interested in the situation of people from all walks of life and from every part of the country.

To understand the economic situation of persons and families, we need information about jobs, income, unemployment, disabilities, and so forth. Your answers are combined with the information we get from other households throughout the country. Then the information is used to find out how the economy is affecting the young, the old, the workers, the retired, the disabled, the disadvantaged, and others. The data also are used to find out if government assistance programs are reaching the people who need help the most.

WHY DOES THE CENSUS BUREAU NEED THIS INFORMATION?

In a Nation as large and rapidly changing as ours, up-to-date facts are needed to plan effective programs for the future. Although a complete census (like the one in April 1980) is taken every 10 years, we need to collect some kinds of information more often. Information on the number of people working, the kind of work they do, the number of people looking for work, the situation of people on government programs, and other information is collected every 4 months in the Survey of Income and Program Participation so we can keep abreast of changes.

HOW WERE YOU PICKED?

We selected households from a list of all the addresses in the Nation. We did not choose you personally but whoever was living at the address when our interviewer arrived.

To get accurate results from our survey, we must interview all the persons living at each address selected for the survey. We cannot substitute the household next door or down the street.

WHY ARE MY ANSWERS IMPORTANT?

The statistics from this survey are needed by people in government and private organizations to develop and evaluate policies and programs that meet the needs of Americans today. For this reason, this information must be as accurate and complete as possible. The only way we can get this information is through the cooperation of sample households such as yours. Your answers represent approximately 4,000 other households like yours. In all, we interview about 5,000 households each month across the Nation.

WHAT GUARANTEE DO I HAVE THAT THE INFORMATION I GIVE TO THE CENSUS BUREAU ABOUT MY PERSONAL BUSINESS IS NOT REPORTED TO OTHER PERSONS OR ORGANIZATIONS?

All the information you give to the Census Bureau for this survey is confidential by law (Title 13, United States Code). Every Census Bureau employee takes an oath and is subject to a jail penalty and a fine if he or she discloses any census information that would identify an individual. All information is released only in the form of statistical summaries, and no identifiable information is ever released.

CARD B

COMMON QUESTIONS AND SUGGESTED ANSWERS

Interviewer: *Listed below are some commonly asked questions and suggested answers. Become familiar with the information contained in the answers. There is additional information about the survey contained in the respondent letter, a copy of which is on Flashcard A.*

Why is this survey conducted?/How will the information be used?

The following answers are directed toward specific groups. For a more general discussion of the survey, see Flashcard A.

LOW-INCOME

This survey is being taken to find out how people are getting along and how much money they have to spend for food, clothing, housing, and other things. By asking questions about the kinds of work people do and the kinds of income they receive we can learn more about the effects of unemployment, such as how many people need jobs but are unable to find them, how many people want to work but are unable to because of illness or family obligations and how many people do not have enough medical care coverage. Once we find out how many people are in these different situations we can determine the kind and amount of help people need to get jobs, medical care, and child care, and improve the quality of life for all Americans.

MIDDLE OR HIGH INCOME

Understanding the economic situation of Americans and their families is important for government policies and programs. We have selected a sample of households throughout the Country so that the information we collect will represent all people, the old, the young, the poor, the wealthy, the unemployed, and the employed. Every household is important because the information is used to determine the situation of Americans "on the average."

The data from this survey will help make decisions about some of the most important national issues today. These topics include the Social Security program and how well it is working, the adequacy of health care coverage, the reform of government assistance programs, and how changes in technology are affecting the earnings and employment of our workforce.

ELDERLY

Older Americans, those that have retired from the workforce, and those who have health problems or disabilities, are of special interest in this survey. Retirement, a disability, or death in the family often reduces the income available to persons and their families. Other benefits related to employment such as health insurance coverage may also be lost. By interviewing people like yourself we can find out how people in these situations are getting along. Information about the amount of income people have to spend, the kinds of health care coverage and costs, and the cost of housing including heating and cooling expenses will help us determine the number of persons needing help and the types of assistance that are required.

CARD B — Continued

COMMON QUESTIONS AND SUGGESTED ANSWERS

I thought that the Bureau of the Census operated only every 10 years, when they counted people. What is the Bureau of the Census doing now?

In addition to the decennial census, which is conducted every 10 years, the Bureau collects many different kinds of statistics. Other censuses required by law are conducted on a regular basis including the Census of Agriculture, the Censuses of Business and Manufactures, and the Census of State and Local Governments. In addition, we collect data on a monthly basis to provide current information on such topics as labor force participation, retail and wholesale trade, various manufacturing activities, trade statistics, as well as yearly surveys of business, manufacturing, governments, family income, and education.

Why does the Census Bureau want to know my Social Security Number?

We need to know your Social Security Number so we can add information from administrative records to the survey data. This will help us avoid asking questions for which information is already available and help to ensure the completeness of the survey results. The information we obtain from the Social Security Administration and other government agencies will be protected from unauthorized use just as the survey responses are protected.

CARD C

PRIVACY ACT STATEMENT

"The Bureau of the Census is conducting the Survey of Income and Program Participation to gather information about employment, income, and the economic situation of persons and families who live in the United States. All survey information will be used for statistical purposes only. The survey is being conducted under the authority of title 13, United States Code, section 182.

"Participation in the survey is voluntary, and there are no penalties for failure to answer any questions. However, your cooperation is extremely important to insure the completeness and accuracy of the final results."

CARD D

RESPONDENT RULES

HOUSEHOLD RESPONDENT

Any household member 15 years old or older who is physically and mentally competent and knowledgeable may answer the control card questions and questions about the household as a unit.

HOUSEHOLD MEMBER 15 YEARS OF AGE OR OLDER

Each household member 15 years old or older, present at the time of interview, should respond for himself/herself. If a 15+ person is physically or mentally incompetent, select a proxy respondent. Also select a proxy respondent for a person absent at the time of interview. Any **knowledgeable** household member who is 15 years old or older may serve as proxy. Following is a chart for your use in determining who to interview. The choices are listed in order of priority.

INTERVIEW RESPONDENT PRIORITY RULES	
WAVE	FIRST FAMILY MEMBER INTERVIEW OR RETURN VISIT INTERVIEW
1	1. Self 2. Spouse (if any) 3. Other proxy
2	1. Self 2. Spouse (if any) 3. Proxy last visit 4. New proxy
3 – 8	1. Self 2. Spouse (if any) 3. Proxy last visit 4. Proxy at another visit 5. First time proxy

If a person wishes to act as a proxy but is not a household member, you **must** call your supervisor for permission before interviewing the proxy. Such cases should have an INTERCOMM attached to the questionnaire.

CARD E

SUMMARY TABLE FOR DETERMINING WHO IS TO BE INCLUDED AS A MEMBER OF THE HOUSEHOLD		
A. PERSON STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW	Include as member of household?	
Any person in unit, including members of family, lodgers, servants, visitors, etc.		
1. Ordinarily stays here all the time (sleeps here)	Yes	No
2. Here temporarily — no living quarters held elsewhere	Yes	
3. Here temporarily — living quarters held elsewhere		
In Armed Forces		
1. Stationed in this locality — usually sleeps here	Yes	No
2. Temporarily here on leave — stationed elsewhere		
Student — Here temporarily attending school — living quarters held for person elsewhere		
1. Not married or not accompanied by own family		No
2. Married and accompanied by own family	Yes	
3. Student nurse attending school nearby	Yes	
B. ABSENT PERSON WHO USUALLY LIVES HERE IN SAMPLE UNIT		
Inmate of specified institutions — Absent because inmate in a specified institution regardless of whether or not living quarters held for person here		No
Person temporarily absent on vacation, in general hospital, etc. (Including veterans' facilities that are general hospitals) — living quarters held here for person	Yes	
Absent in connection with job		
1. Living quarters held here for person — temporarily absent while "on the road" in connection with job (e.g., traveling salesperson, railroad worker, bus driver)	Yes	No
2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineer)		
3. Living quarters held here at home for unmarried college student working away from home during summer school vacation	Yes	
In Armed Forces — Currently stationed elsewhere		No
In school — Away temporarily attending school — living quarters held here for person		
1. Not married or not accompanied by own family	Yes	No No No
2. Married and accompanied by own family		
3. Attending school overseas		
4. Student nurse living at school		
C. EXCEPTIONS AND DOUBTFUL CASES		
Person with two concurrent residences		
1. Regularly sleeps greater part of week in another locality	Yes	No
2. Regularly sleeps greater part of week here		
Citizen of foreign country temporarily in the United States		
1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate		No
2. Not living on premises of an Embassy, Ministry, etc. —		
a. If living and studying here and no usual place of residence elsewhere in the United States	Yes	
b. If living and working here and no usual place of residence elsewhere in the United States	Yes	
c. If merely visiting or traveling in the United States		No

CARD F

**RELATIONSHIP TO
REFERENCE PERSON**

Reference Person WITH relatives in household	1
Reference Person with NO relatives in household	2
Husband	3
Wife	4
Own child (son or daughter)	5
Parent	6
Brother/Sister	7
Other relative of Reference Person	8
Non-relative of Reference Person WITH OWN relatives in household	9
Non-relative of Reference Person with NO OWN relatives in household	0

CARD G

AGE VERIFICATION CHART FOR 1983						
INSTRUCTIONS						
In using this chart, determine age as follows: Locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1986, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column.						
Year of birth	Birthday in 1983?			Year of birth	Birthday in 1983?	
	No	AGE Yes			No	AGE Yes
1892	90	91		1938	44	45
1893	89	90		1939	43	44
1894	88	89		1940	42	43
1895	87	88		1941	41	42
1896	86	87		1942	40	41
1897	85	86		1943	39	40
1898	84	85		1944	38	39
1899	83	84		1945	37	38
1900	82	83		1946	36	37
1901	81	82		1947	35	36
1902	80	81		1948	34	35
1903	79	80		1949	33	34
1904	78	79		1950	32	33
1905	77	78		1951	31	32
1906	76	77		1952	30	31
1907	75	76		1953	29	30
1908	74	75		1954	28	29
1909	73	74		1955	27	28
1910	72	73		1956	26	27
1911	71	72		1957	25	26
1912	70	71		1958	24	25
1913	69	70		1959	23	24
1914	68	69		1960	22	23
1915	67	68		1961	21	22
1916	66	67		1962	20	21
1917	65	66		1963	19	20
1918	64	65		1964	18	19
1919	63	64		1965	17	18
1920	62	63		1966	16	17
1921	61	62		1967	15	16
1922	60	61		1968	14	15
1923	59	60		1969	13	14
1924	58	59		1970	12	13
1925	57	58		1971	11	12
1926	56	57		1972	10	11
1927	55	56		1973	9	10
1928	54	55		1974	8	9
1929	53	54		1975	7	8
1930	52	53		1976	6	7
1931	51	52		1977	5	6
1932	50	51		1978	4	5
1933	49	50		1979	3	4
1934	48	49		1980	2	3
1935	47	48		1981	1	2
1936	46	47		1982	0	1
1937	45	46		1983	NA	0

FORM SIPP-4004 (5-2-83)

CARD G — Continued

AGE VERIFICATION CHART FOR 1984						
INSTRUCTIONS						
In using this chart, determine age as follows: Locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1986, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column.						
Year of birth	Birthday in 1984?			Year of birth	Birthday in 1984?	
	No	AGE	Yes		No	AGE	Yes
1893	90		91	1939	44	45
1894	89		90	1940	43	44
1895	88		89	1941	42	43
1896	87		88	1942	41	42
1897	86		87	1943	40	41
1898	85		86	1944	39	40
1899	84		85	1945	38	39
1900	83		84	1946	37	38
1901	82		83	1947	36	37
1902	81		82	1948	35	36
1903	80		81	1949	34	35
1904	79		80	1950	33	34
1905	78		79	1951	32	33
1906	77		78	1952	31	32
1907	76		77	1953	30	31
1908	75		76	1954	29	30
1909	74		75	1955	28	29
1910	73		74	1956	27	28
1911	72		73	1957	26	27
1912	71		72	1958	25	26
1913	70		71	1959	24	25
1914	69		70	1960	23	24
1915	68		69	1961	22	23
1916	67		68	1962	21	22
1917	66		67	1963	20	21
1918	65		66	1964	19	20
1919	64		65	1965	18	19
1920	63		64	1966	17	18
1921	62		63	1967	16	17
1922	61		62	1968	15	16
1923	60		61	1969	14	15
1924	59		60	1970	13	14
1925	58		59	1971	12	13
1926	57		58	1972	11	12
1927	56		57	1973	10	11
1928	55		56	1974	9	10
1929	54		55	1975	8	9
1930	53		54	1976	7	8
1931	52		53	1977	6	7
1932	51		52	1978	5	6
1933	50		51	1979	4	5
1934	49		50	1980	3	4
1935	48		49	1981	2	3
1936	47		48	1982	1	2
1937	46		47	1983	0	1
1938	45		46	1984	NA	0

FORM SIPP-4004 (5-2-83)

CARD G

AGE VERIFICATION CHART FOR 1985						
INSTRUCTIONS						
In using this chart, determine age as follows: Locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1985, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column.						
Year of birth	Birthday in 1985?			Year of birth	Birthday in 1985?	
	No	AGE	Yes		No	AGE Yes
1894	90		91	1940	44	45
1895	89		90	1941	43	44
1896	88		89	1942	42	43
1897	87		88	1943	41	42
1898	86		87	1944	40	41
1899	85		86	1945	39	40
1900	84		85	1946	38	39
1901	83		84	1947	37	38
1902	82		83	1948	36	37
1903	81		82	1949	35	36
1904	80		81	1950	34	35
1905	79		80	1951	33	34
1906	78		79	1952	32	33
1907	77		78	1953	31	32
1908	76		77	1954	30	31
1909	75		76	1955	29	30
1910	74		75	1956	28	29
1911	73		74	1957	27	28
1912	72		73	1958	26	27
1913	71		72	1959	25	26
1914	70		71	1960	24	25
1915	69		70	1961	23	24
1916	68		69	1962	22	23
1917	67		68	1963	21	22
1918	66		67	1964	20	21
1919	65		66	1965	19	20
1920	64		65	1966	18	19
1921	63		64	1967	17	18
1922	62		63	1968	16	17
1923	61		62	1969	15	16
1924	60		61	1970	14	15
1925	59		60	1971	13	14
1926	58		59	1972	12	13
1927	57		58	1973	11	12
1928	56		57	1974	10	11
1929	55		56	1975	9	10
1930	54		55	1976	8	9
1931	53		54	1977	7	8
1932	52		53	1978	6	7
1933	51		52	1979	5	6
1934	50		51	1980	4	5
1935	49		50	1981	3	4
1936	48		49	1982	2	3
1937	47		48	1983	1	2
1938	46		47	1984	0	1
1939	45		46	1985	NA	0

FORM SIPP 4504 (8-6-84)

CARD G

AGE VERIFICATION CHART FOR 1986						
INSTRUCTIONS						
In using this chart, determine age as follows: Locate the birth year of the person on the chart. If the person has not had a birthday as of the day of interview in 1986, the correct age will be shown in the "No" column. If the person has had a birthday, the correct age will be in the "Yes" column.						
Year of birth	Birthday in 1986?			Year of birth	Birthday in 1986?	
	No	AGE Yes			No	AGE Yes
1895	90	91		1941	44	45
1896	89	90		1942	43	44
1897	88	89		1943	42	43
1898	87	88		1944	41	42
1899	86	87		1945	40	41
1900	85	86		1946	39	40
1901	84	85		1947	38	39
1902	83	84		1948	37	38
1903	82	83		1949	36	37
1904	81	82		1950	35	36
1905	80	81		1951	34	35
1906	79	80		1952	33	34
1907	78	79		1953	32	33
1908	77	78		1954	31	32
1909	76	77		1955	30	31
1910	75	76		1956	29	30
1911	74	75		1957	28	29
1912	73	74		1958	27	28
1913	72	73		1959	26	27
1914	71	72		1960	25	26
1915	70	71		1961	24	25
1916	69	70		1962	23	24
1917	68	69		1963	22	23
1918	67	68		1964	21	22
1919	66	67		1965	20	21
1920	65	66		1966	19	20
1921	64	65		1967	18	19
1922	63	64		1968	17	18
1923	62	63		1969	16	17
1924	61	62		1970	15	16
1925	60	61		1971	14	15
1926	59	60		1972	13	14
1927	58	59		1973	12	13
1928	57	58		1974	11	12
1929	56	57		1975	10	11
1930	55	56		1976	9	10
1931	54	55		1977	8	9
1932	53	54		1978	7	8
1933	52	53		1979	6	7
1934	51	52		1980	5	6
1935	50	51		1981	4	5
1936	49	50		1982	3	4
1937	48	49		1983	2	3
1938	47	48		1984	1	2
1939	46	47		1985	0	1
1940	45	46		1986	NA	0

CARD H

RACE

What is the race of each person in this household?

1 — White

2 — Black

3 — American Indian, Eskimo, or Aleut

4 — Asian or Pacific Islander
(Chinese, Filipino, Japanese,
Asian Indian, Korean, Vietnamese,
Hawaiian, Samoan, Guamanian,
Laotian, Thai, other Asians, other
Pacific Islanders)

CARD I

ORIGIN OR DESCENT

What is the origin or descent of each person in this household?

- | | |
|-----------------------|---|
| 01 — German | 14 — Mexican-American |
| 02 — English | 15 — Chicano |
| 03 — Irish | 16 — Mexican |
| 04 — French | 17 — Puerto Rican |
| 05 — Italian | 18 — Cuban |
| 06 — Scottish | 19 — Central or South American
(Spanish-speaking country) |
| 07 — Polish | |
| 08 — Dutch | 20 — Other Spanish |
| 09 — Swedish | 21 — Afro-American
(Black or Negro) |
| 10 — Norwegian | |
| 11 — Russian | OR |
| 12 — Ukrainian | 30 — Another group not listed |
| 13 — Welsh | |

CARD J

OCTOBER 1983 INTERVIEW
CALENDAR OF REFERENCE MONTHS

JUNE (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30			5

JULY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9
31							(10)

AUGUST (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

SEPTEMBER (Last month)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	12	13	14	15	16	17	16
18	19	20	21	22	23	24	17
25	26	27	28	29	30		18

☐ Holidays

CARD J — Continued

NOVEMBER 1983 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JULY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	1
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4
31							(5)

AUGUST (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30	31				9

SEPTEMBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30		13

OCTOBER (Last month)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30	31						

 Holidays

CARD J — Continued

DECEMBER 1983 INTERVIEW

CALENDAR OF REFERENCE MONTHS

AUGUST (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	1
7	8	9	10	11	12	13	2
14	15	16	17	18	19	20	3
21	22	23	24	25	26	27	4
28	29	30	31				5

SEPTEMBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30		9

OCTOBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30	31						(14)

NOVEMBER (Last month)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30				18

☐ Holidays

CARD J – Continued

JANUARY 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

SEPTEMBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	1
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	26	27	28	29	30		4

OCTOBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(4)
2	3	4	5	6	7	8	5
9	10	11	12	13	14	15	6
16	17	18	19	20	21	22	7
23	24	25	26	27	28	29	8
30	31						(9)

NOVEMBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30				13

DECEMBER (Last month)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(13)
4	5	6	7	8	9	10	14
11	12	13	14	15	16	17	15
18	19	20	21	22	23	24	16
25	26	27	28	29	30	31	17

○ Holidays

CARD J

FEBRUARY 1984 INTERVIEW
CALENDAR OF REFERENCE MONTHS

OCTOBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30	31						(5)

NOVEMBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30				9

DECEMBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30	31	13

JANUARY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30	31					(17)

○ Holidays

CARD J — Continued

MARCH 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

NOVEMBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30				5

DECEMBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30	31	9

JANUARY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30	31					(14)

FEBRUARY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	13	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29				18

 Holidays

CARD J — Continued

APRIL 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

DECEMBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	1
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	(26)	27	28	29	30	31	4

JANUARY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	(2)	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30	31					(9)

FEBRUARY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	13	14	15	16	17	18	11
19	(20)	21	22	23	24	25	12
26	27	28	29				13

MARCH (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(13)
4	5	6	7	8	9	10	14
11	12	13	14	15	16	17	15
18	19	20	21	22	23	24	16
25	26	27	28	29	30	31	17

○ Holidays

CARD J

MAY 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JANUARY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

FEBRUARY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29				9

MARCH (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30	31	13

APRIL (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

☐ Holidays

CARD J — Continued

JUNE 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

FEBRUARY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29				5

MARCH (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30	31	9

APRIL (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30						(14)

MAY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

☐ Holidays

CARD J – Continued

JULY 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MARCH (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	1
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	26	27	28	29	30	31	4

APRIL (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30						(9)

MAY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	(28)	29	30	31			13

JUNE (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17

☐ Holidays

CARD J — Continued

AUGUST 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

APRIL (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30						(5)

MAY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	(28)	29	30	31			9

JUNE (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13

JULY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	(4)	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30	31					(17)

○ Holidays

CARD J

SEPTEMBER 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MAY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

JUNE (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9

JULY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30	31					(14)

AUGUST (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	13	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29	30	31		18

○ Holidays

CARD J — Continued

OCTOBER 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JUNE (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4

JULY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30	31					(9)

AUGUST (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	13	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

SEPTEMBER (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30							(17)

○ Holidays

CARD J — Continued

NOVEMBER 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JULY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

AUGUST (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30	31		9

SEPTEMBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30							(14)

OCTOBER (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30	31				18

○ Holidays

CARD J — Continued

DECEMBER 1984 INTERVIEW

CALENDAR OF REFERENCE MONTHS

AUGUST (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30	31		5

SEPTEMBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(5)
2	(3)	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	17	18	19	20	21	22	8
23	24	25	26	27	28	29	9
30							(10)

OCTOBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	(8)	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

NOVEMBER (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	(12)	13	14	15	16	17	16
18	19	20	21	(22)	23	24	17
25	26	27	28	29	30		18

○ Holidays

CARD J

JANUARY 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

SEPTEMBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30							(5)

OCTOBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30	31				9

NOVEMBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30		13

DECEMBER (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30	31						(17)

Previous Reference Period —
May 1984 — August 1984

Return Visit — May 1985

○ Holidays

CARD J — Continued

FEBRUARY 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

OCTOBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	1
7	8	9	10	11	12	13	2
14	15	16	17	18	19	20	3
21	22	23	24	25	26	27	4
28	29	30	31				5

NOVEMBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30		9

DECEMBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30	31						(14)

JANUARY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

Previous Reference Period —
June 1984 — September 1984

Return Visit — June 1985

○ Holidays

CARD J – Continued

MARCH 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

NOVEMBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	1
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	26	27	28	29	30		4

DECEMBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(4)
2	3	4	5	6	7	8	5
9	10	11	12	13	14	15	6
16	17	18	19	20	21	22	7
23	24	25	26	27	28	29	8
30	31						(9)

JANUARY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

FEBRUARY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28			17

Previous Reference Period –
July 1984 – October 1984

Return Visit – July 1985

○ Holidays

CARD J — Continued

APRIL 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

DECEMBER (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30	31						(5)

JANUARY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30	31			9

FEBRUARY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1 2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28			13

MARCH (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
						1 2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17
31							(17)

Previous Reference Period —
August 1984 — November 1984

Return Visit — August 1985

○ Holidays

CARD J

MAY 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JANUARY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

FEBRUARY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28			9

MARCH (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13
31							(14)

APRIL (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30					(17)

Previous Reference Period —
September 1984 — December 1984

Return visit — September 1985

○ Holidays

CARD J – Continued

JUNE 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

FEBRUARY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28			4

MARCH (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(4)
3	4	5	6	7	8	9	5
10	11	12	13	14	15	16	6
17	18	19	20	21	22	23	7
24	25	26	27	28	29	30	8
31							(9)

APRIL (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	9
7	8	9	10	11	12	13	10
14	15	16	17	18	19	20	11
21	22	23	24	25	26	27	12
28	29	30					(13)

MAY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	13
5	6	7	8	9	10	11	14
12	13	14	15	16	17	18	15
19	20	21	22	23	24	25	16
26	27	28	29	30	31		17

Previous Reference Period –
October 1984 – January 1985

Return visit – October 1985

☐ Holidays

CARD J — Continued

JULY 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MARCH (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4
31							(5)

APRIL (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30					(9)

MAY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	13	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

JUNE (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30							(17)

Previous Reference Period —
November 1984 — February 1985

Return visit — November 1985

☐ Holidays

CARD J – Continued

AUGUST 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

APRIL (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	1
7	8	9	10	11	12	13	2
14	15	16	17	18	19	20	3
21	22	23	24	25	26	27	4
28	29	30					(5)

MAY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30	31		9

JUNE (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30							(14)

JULY (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30	31				18

Previous Reference Period —
December 1984 — March 1985

Return visit — December 1985

○ Holidays

CARD J

SEPTEMBER 1985 INTERVIEW
CALENDAR OF REFERENCE MONTHS

MAY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30	31		5

JUNE (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(5)
2	3	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	17	18	19	20	21	22	8
23	24	25	26	27	28	29	9
30							(10)

JULY (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

AUGUST (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	12	13	14	15	16	17	16
18	19	20	21	22	23	24	17
25	26	27	28	29	30	31	18

Previous Reference Period —
January 1985 — April 1985

Return visit — January 1986

○ Holidays

CARD J — Continued

OCTOBER 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JUNE (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30							(5)

JULY (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30	31				9

AUGUST (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30	31	13

SEPTEMBER (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

Previous Reference Period —
February 1985 — May 1985

Return visit — February 1986

○ Holidays

CARD J — Continued

NOVEMBER 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JULY (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	1
7	8	9	10	11	12	13	2
14	15	16	17	18	19	20	3
21	22	23	24	25	26	27	4
28	29	30	31				5

AUGUST (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30	31	9

SEPTEMBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30						(14)

OCTOBER (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

Previous Reference Period —
March 1985 — June 1985

Return visit — March 1986

○ Holidays

CARD J — Continued

DECEMBER 1985 INTERVIEW

CALENDAR OF REFERENCE MONTHS

AUGUST (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	1
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	26	27	28	29	30	31	4

SEPTEMBER (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	(2)	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30						(9)

OCTOBER (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	(14)	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

NOVEMBER (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	(11)	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	(28)	29	30	17

Previous Reference Period —
April 1985 — July 1985

Return visit — April 1986

○ Holidays

CARD J

JANUARY 1986 INTERVIEW

CALENDAR OF REFERENCE MONTHS

SEPTEMBER 1985 (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30						(5)

OCTOBER 1985 (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30	31			9

NOVEMBER 1985 (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13

DECEMBER 1985 (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30	31					(17)

Previous reference period: May 1985 — August 1985

Return visit: May 1986

○ Holidays

CARD J — Continued

FEBRUARY 1986 INTERVIEW
CALENDAR OF REFERENCE MONTHS

OCTOBER 1985 (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

NOVEMBER 1985 (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9

DECEMBER 1985 (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30	31					(14)

JANUARY 1986 (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	13	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29	30	31		18

Previous reference period: June 1985 — September 1985

Return visit: June 1986

○ Holidays

CARD J — Continued

MARCH 1986 INTERVIEW

CALENDAR OF REFERENCE MONTHS

NOVEMBER 1985 (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4

DECEMBER 1985 (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30	31					(9)

JANUARY 1986 (2 month ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	13	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

FEBRUARY 1986 (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28		17

Previous reference period: July 1985 — October 1985

Return visit: July 1986

○ Holidays

CARD J

APRIL 1986 INTERVIEW

CALENDAR OF REFERENCE MONTHS

DECEMBER 1985 (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

JANUARY 1986 (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30	31		9

FEBRUARY 1986 (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28		13

MARCH 1986 (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30	31						(17)

Previous Reference Period —
August 1985 — November 1985

☐ Holidays

CARD J — Continued

MAY 1986 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JANUARY 1986 (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30	31		5

FEBRUARY 1986 (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(5)
2	3	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	17	18	19	20	21	22	8
23	24	25	26	27	28		9

MARCH 1986 (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30	31						(14)

APRIL 1986 (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30				18

Previous Reference Period —
September 1985 — December 1985

○ Holidays

CARD J — Continued

JUNE 1986 INTERVIEW

CALENDAR OF REFERENCE MONTHS

FEBRUARY 1986 (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28		4

MARCH 1986 (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(4)
2	3	4	5	6	7	8	5
9	10	11	12	13	14	15	6
16	17	18	19	20	21	22	7
23	24	25	26	27	28	29	8
30	31						(9)

APRIL 1986 (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30				13

MAY 1986 (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(13)
4	5	6	7	8	9	10	14
11	12	13	14	15	16	17	15
18	19	20	21	22	23	24	16
25	26	27	28	29	30	31	17

Previous Reference Period —
October 1985 — January 1986

○ Holidays

CARD J — Continued

JULY 1986 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MARCH 1986 (4 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30	31						(5)

APRIL 1986 (3 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30				9

MAY 1986 (2 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30	31	13

JUNE 1986 (1 month ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

Previous Reference Period —
November 1985 — February 1986

○ Holidays

CARD K

TYPES OF INCOME


- 2** U.S. Government Railroad Retirement
- 8** Veteran's compensation or pension
- 9** Black lung benefits
- 30** Pension from company or union
- 31** Federal Civil Service or other
Federal civilian employee pension
- 32** U.S. Military retirement pay (exclude
payments from the Veterans
Administration)
- 33** National Guard or Reserve
Forces retirement
- 34** State government pension
- 35** Local government pension
- 36** Income from paid up life insurance
policies or annuities
- 37** Payments from estate or trust

OTHER

CARD L

SAMPLE MEDICARE CARD

Health



Insurance

S O C I A L S E C U R I T Y A C T


NAME OF BENEFICIARY
JOHN Q. PUBLIC

CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO
HOSPITAL INSURANCE
MEDICAL INSURANCE

EFFECTIVE DATE
7-1-66
7-1-66

SIGN
HERE 

CARD M

MEDICAID NAME BY STATE

1. MEDI—CAL

California

2. MEDICAL ASSISTANCE

Alaska	Kentucky	Pennsylvania
Arkansas	Louisiana	Rhode Island
Colorado	Maine	South Carolina
Delaware	Maryland	Texas
District of Columbia	Massachusetts	Virginia
Georgia	Michigan	Washington
Hawaii	Minnesota	Wisconsin
Idaho	Oklahoma	

3. WELFARE

Oregon

4. MEDI-KAN

Kansas

5. MEDICAID

Alabama	Montana	North Dakota
Arizona	Nebraska	Ohio
Connecticut	Nevada	South Dakota
Florida	New Hampshire	Tennessee
Illinois	New Jersey	Utah
Indiana	New Mexico	Vermont
Iowa	New York	West Virginia
Mississippi	North Carolina	Wyoming
Missouri		

CARD N
(Wave 1 only)
TYPES OF ASSETS

- 104** Money market funds
- 105** U.S. Government securities
- 106** Municipal or corporate bonds
- 130** Mortgages
- 174** U.S. Savings Bonds
- 107** OTHER interest-earning assets (Please specify, such as — mutual bond fund, unit bond trusts, money loaned to a private individual, etc.)

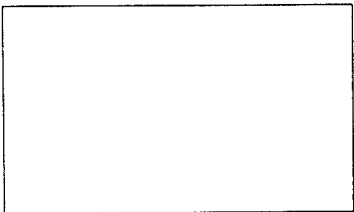
CARD N

TYPES OF ASSETS

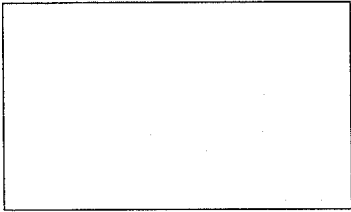
- 100** Regular or passbook savings accounts
- 101** Money market deposit accounts
- 102** Certificates of deposit or other savings certificates
- 103** NOW, Super NOW, or other interest-earning checking accounts
- 104** Money market funds
- 105** U.S. Government securities
- 106** Municipal or corporate bonds
- 130** Mortgages
- 174** U.S. Savings Bonds (E, EE)
- 107** OTHER interest-earning assets (Please specify, such as — mutual bond fund, unit trusts, money loaned to a private individual, etc.)
- 110** Stocks or mutual fund shares
- 120** Rental property
- 140** Royalties
- 150** Other financial investments (Please specify, such as — investments in a non-corporate business venture managed by others, investments in a closely-held corporation and other investments not reported elsewhere)

CARD O

**COLORS OF THE CHECKS FROM THE
SOCIAL SECURITY ADMINISTRATION**



GREEN



GOLD

CARD P

INTERVIEWER CHECKS FOR THE CONTROL CARD

I. PREINTERVIEW

A. WAVE 1

1. Be sure that for each assigned household there is a Control Card with entries in items 1, 2, 3, 4, 5b, and 8a. If there is not, contact the R.O.
2. Be sure you have at least two questionnaires per Control Card in your assignment.

B. WAVES 2—9

1. Be sure for each Control Card you have enough questionnaires for each household member who is 15 years of age or older. (See Card Q for preparation of the questionnaires.)
2. Look at the household roster on page 2 of the Control Card and note the items which you must update at this interview. These items have an asterisk by their number:
 - 19b** Relationship to Reference Person (Update if there is a household relationship change.)
 - 23** Date Entered or Left (Fill only if someone has entered or left the household since the last interview.)
 - 24** Birth Date/Age (The office will update Age as of the last day of the reference period for which you will be interviewing.)
 - 25** Person Number of Parent (Update if there is a household relationship change.)
 - 26a/b** Marital Status/Person Number of Spouse (Verify each wave.)
 - 27** Designated Parent or Guardian (Update if there is a household relationship change.)
 - 31a/b** Education Level/Completion (Verify education level each wave. Children in the household will periodically change grade levels, as well as anyone in college.)

II. POST INTERVIEW

A. Follow the general clerical review instructions contained in Card R.

B. Be sure one Transcription Items Column on page 4 is filled for every household member listed in the Household Roster who is 15 years of age or older.

- If the household member has no employment or income information in their questionnaire (that is, none of the ISS codes are marked), then fill only CC transcription items 40, 41, and line 2 of item 44.
- If you did **not** obtain a questionnaire interview for a household member, then fill CC items 40 and 41, and fill line 1 of item 44.

C. Transcribe from the questionnaire to the back (page 4) of the Control Card as follows:

- Questionnaire cover item 4a, Person Number, transcribe to CC item 40.
- If questionnaire cover item 7a is "1 — Self," then fill CC item 41 "Respondent Indicator Boxes" with the **same** person number entered in CC item 40.
- If questionnaire cover item 7a is "2 — Proxy," then transcribe the person number entered in questionnaire cover item 7b to CC item 41 "Respondent Indicator Boxes."
- Questionnaire Section 2, Parts A1 and A2 Employer Identifications 1 and 2, transcribe to CC item 42.
- Questionnaire Section 2, Parts B1 and B2 Self Employment Identification Numbers 1 and 2, transcribe to CC item 43.
- Questionnaire Income Source Summary (ISS):
 - All entries for codes 1—56, transcribe to CC item 45.
 - All entries for codes 100—150, transcribe to CC item 46.
 - All entries for Special Indicators Codes 171—175, transcribe to CC item 47.

CARD Q

INTERVIEWER CHECKS FOR THE QUESTIONNAIRE

I. PREINTERVIEW

A. WAVE 1

Be sure you have a sufficient number of blank questionnaires for your assignments.

B. WAVES 2—9

- 1.** Fill cover items 1 through 6. Items 3 through 6 are transcribed from the Control Card — be sure your transcription is accurate!
- 2.** Using the Transcription Items columns on page 4 of the Control Card, fill out the pretranscription items in each household member's questionnaire (the detailed instructions for which questionnaire items to pretranscribe are on the back of the questionnaire).

II. POST INTERVIEW

ALL WAVES

- 1.** Check the Household Record in the Control Card for any changes recorded for item 19b, Relationship to Reference Person, or item 26a, Marital Status. If a change has been recorded, verify that the new entry has been entered for questionnaire cover item 5a, Relationship, and/or 5d, Marital Status.
- 2.** Follow the general clerical review instructions contained in Card R.

CARD R

INTERVIEWER CLERICAL REVIEW GENERAL

Use the following checklist when reviewing your assignments prior to sending them into the regional office.

- 1.** All questionnaires are with their corresponding control cards.
- 2.** An interview status code has been entered in item 36 on the control card for the appropriate wave, and on the cover of the questionnaire(s).
- 3.** Check that for noninterviews, the appropriate items have been filled which are specified on the control card for noninterviews.
- 4.** All entries should be clearly marked or written.
- 5.** Verify there are no written responses, such as "Don't Know," "DK," "None," or "Not Applicable," in entries which require a numeric response.
- 6.** Verify that only the appropriate number of responses for each item have been recorded. Most items require only one response.
- 7.** Be sure all blank items which require entries are explained in the notes.
- 8.** All notes should be referenced to their questionnaire items.

CARD S

CHART FOR PANEL/WAVE/ROTATION					
LEGEND: S = Sample W = Wave within panel year R = Rotation within wave					
Interview month	Year	Questionnaire Sample/Wave/Rotation	Interview month	Year	Questionnaire Sample/Wave/Rotation
October	1983	S84/W1/R1	August	1985 Cont.	S84/W6/R3
November		S84/W1/R2			S85/W2/R4
December		S84/W1/R3	September		S84/W7/R4
January	1984	S84/W1/R4			S85/W3/R1
February		S84/W2/R1	October		S84/W7/R1
March		S84/W2/R2			S85/W3/R2
April		S84/W2/R3	November		S84/W7/R2
May		S84/W3/R4			S85/W3/R3
June		S84/W3/R1	December		S84/W7/R3
July		S84/W3/R2			S85/W3/R4
August		S84/W3/R3	January	1986	S84/W8/R4
September		S84/W4/R4			S85/W4/R1
October		S84/W4/R1	February		S84/W8/R1
November		S84/W4/R2			S85/W4/R2
December		S84/W4/R3	March		S86/W1/R2
January	1985	S84/W5/R4			S84/W8/R2
February		S84/W5/R1			S85/W4/R3
March		S84/W5/R2			S86/W1/R3
April		S84/W5/R3	April		S84/W8/R3
May		S84/W6/R4			S85/W4/R4
June		S84/W6/R1	May		S86/W1/R4
July		S84/W6/R2			S84/W9/R4
		S85/W2/R3	June		S85/W5/R1
					S86/W1/R1
			July		S84/W9/R1
					S85/W5/R2
			August		S86/W2/R2
					S84/W9/R2
					S85/W5/R3
					S86/W2/R3
					S84/W9/R3
					S85/W5/R4
					S86/W2/R4

FORM SIPP-4004 (5-2-83)

CARD T

END OF WAVE 1 INTERVIEW STATEMENT

Interviewer: *The following statement should be read after you have finished all person interviews in a household and are now ready to complete the future contact information in cover item 39 of the control card. Be prepared to answer respondents' questions by using the survey information provided and other resources at your disposal.*

"During the next few weeks you may be telephoned or visited by my supervisor who will be calling you to verify some of the information which you have provided me. My supervisor will be checking that I have followed all the proper procedures for the survey.

"I, or another interviewer, will be returning to your household for a second interview in four months, that is the month of (Name month). At the second visit we will update the information you provided this interview. The amount of time necessary for the next interview will be less than this time. Since one important aim of the survey is to measure the types of economic changes that occur in this nation over time, we'd like to interview the same households three times each year for about 2-1/2 years."

CARD T

END OF HOUSEHOLD INTERVIEW STATEMENT

Interviewer: *Read the following statements after you have finished all person interviews in a household and are ready to verify (complete) the future contact information in cover item 39 of the control card. Be prepared to answer respondents' questions by using the survey information provided and other resources at your disposal. (The first paragraph is not necessary if you are being observed by someone from the regional office.)*

"During the next few weeks you may be telephoned or visited by my supervisor who will be calling you to verify some of the information which you have provided me. My supervisor will be checking that I have followed all the proper procedures for the survey.

"I, or another interviewer, will be returning to your household in four months, that is the month of *(Name month)*. At that visit we will update the information you provided this interview."

CARD U

EXAMPLES FOR VERIFYING LISTING

At time of listing and updating in address and permit segments, verify the listing after you have introduced yourself and before you interview.

1. SINGLE UNIT ADDRESS — Verify the listing with the respondent by asking:

“I have listed one unit at *(Read basic address)*. Are there any other living quarters — either occupied or vacant — at this address?”

2. MULTI-UNIT ADDRESS — Verify the listing with the owner, building superintendent, manager, rental agent, or some other knowledgeable person, such as a long-time resident by asking:

“I have listed apartments _____ through _____ at *(Read basic address)*. Have I listed any units that are not used as living quarters? *(Pause)* Have I missed any living quarters — either occupied or vacant — which use the basic address *(Read basic address)*?”

If listing is complicated, you may show the listing to the person and ask the person to review it.

CARD U

- 1.** Armed Forces barracks
- 2.** Outside the United States
- 3.** Nonhousehold setting, such as —
 - correctional institutions (jails, prisons, etc.)
 - home for the aged, infirm or needy
 - mental institution
 - nursing, convalescent, or rest home
 - other home or hospital providing specialized care

FLASHCARD V

MAJOR FIELD OF STUDY

Code	Major Field
01	– Agriculture or Forestry
02	– Biology
03	– Business or Management
04	– Economics
05	– Education
06	– Engineering (including computers and computing)
07	– English or Journalism
08	– Home Economics
09	– Law
10	– Liberal Arts or Humanities (include arts, architecture, music, languages, philosophy...)
11	– Mathematics or Statistics
12	– Medicine or Dentistry
13	– Nursing, Pharmacy, or Health Technologies
14	– Physical or Earth Sciences
15	– Police Science or Law Enforcement
16	– Psychology
17	– Religion or Theology
18	– Social Sciences (history, sociology, political science...)
19	– Vocational — Technical Studies
20	– Other

FLASHCARD W

HEALTH CONDITIONS

Code	Condition
01	— Arthritis or rheumatism
02	— Back or spine problems (including chronic stiffness or deformity of the back or spine)
03	— Blindness or vision problems (difficulty seeing well enough to read a newspaper, even with glasses on)
04	— Cancer
05	— Deafness or serious trouble hearing
06	— Diabetes
07	— Heart trouble (including heart attack (coronary), hardening of the arteries (arteriosclerosis))
08	— Hernia or rupture
09	— High blood pressure (hypertension)
10	— Kidney stones or chronic kidney trouble
11	— Lung or respiratory trouble (asthma, bronchitis, emphysema, respiratory allergies, tuberculosis or other lung trouble)
12	— Mental illness
13	— Mental retardation
14	— Missing legs, feet, arms, hands, or fingers
15	— Nervous or emotional problems, or alcohol or drug problems
16	— Paralysis of any kind
17	— Senility (Alzheimer's Disease)
18	— Stiffness or deformity of the foot, leg, arm, or hand
19	— Stomach trouble (including ulcers, gallbladder or liver conditions)
20	— Stroke
21	— Thyroid trouble or goiter
22	— Tumor, cyst or growth
23	— Other (Specify)

CARD W

MISSING WAVE REFERENCE CALENDAR —
SEPTEMBER RESPONDENTS

JANUARY (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

FEBRUARY (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	5
	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29		9

MARCH (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13

APRIL (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

☐ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
OCTOBER RESPONDENTS

FEBRUARY (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	4
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29				5

MARCH (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30	31	9

APRIL (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30						(14)

MAY (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

○ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
NOVEMBER RESPONDENTS

MARCH (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	1
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	26	27	28	29	30	31	4

APRIL (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30						(9)

MAY (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

JUNE (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17

☐ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR — DECEMBER RESPONDENTS

APRIL (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30						(5)

MAY (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	(28)	29	30	31			9

JUNE (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13

JULY (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	(4)	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30	31					(17)

○ Holidays

CARD W

MISSING WAVE REFERENCE CALENDAR —
JANUARY 1985 RESPONDENTS

MAY (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

JUNE (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9

JULY (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30	31					(14)

AUGUST (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	13	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29	30	31		18

☐ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
FEBRUARY 1985 RESPONDENTS

JUNE (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4

JULY (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30	31					(9)

AUGUST (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	13	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

SEPTEMBER (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30							(17)

○ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –

MARCH 1985 RESPONDENTS

JULY (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

AUGUST (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30	31		9

SEPTEMBER (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30							(14)

OCTOBER (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30	31				18

☐ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
APRIL 1985 RESPONDENTS

AUGUST (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30	31		5

SEPTEMBER (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(5)
2	3	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	17	18	19	20	21	22	8
23	24	25	26	27	28	29	9
30							(10)

OCTOBER (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

NOVEMBER (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	12	13	14	15	16	17	16
18	19	20	21	22	23	24	17
25	26	27	28	29	30		18

○ Holidays

CARD W

MISSING WAVE REFERENCE CALENDAR —
MAY 1985 RESPONDENTS

SEPTEMBER 1984 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30							(5)

OCTOBER 1984 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30	31				9

NOVEMBER 1984 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30		13

DECEMBER 1984 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30	31						(17)

○ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
JUNE 1985 RESPONDENTS

OCTOBER 1984 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	1
7	8	9	10	11	12	13	2
14	15	16	17	18	19	20	3
21	22	23	24	25	26	27	4
28	29	30	31				5

NOVEMBER 1984 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30		9

DECEMBER 1984 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30	31						(14)

JANUARY 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

○ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –
JULY 1985 RESPONDENTS

NOVEMBER 1984 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	1
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	26	27	28	29	30		4

DECEMBER 1984 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(4)
2	3	4	5	6	7	8	5
9	10	11	12	13	14	15	6
16	17	18	19	20	21	22	7
23	24	25	26	27	28	29	8
30	31						(9)

JANUARY 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

FEBRUARY 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28			17

○ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
AUGUST 1985 RESPONDENTS

DECEMBER 1984 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30	31						(5)

JANUARY 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30	31			9

FEBRUARY 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28			13

MARCH 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17
31							(17)

○ Holidays

CARD W

MISSING WAVE REFERENCE CALENDAR —
SEPTEMBER RESPONDENTS

JANUARY (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

FEBRUARY (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28			9

MARCH (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13
31							(14)

APRIL (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30					(17)

☐ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –
OCTOBER RESPONDENTS

FEBRUARY (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28			4

MARCH (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(4)
3	4	5	6	7	8	9	5
10	11	12	13	14	15	16	6
17	18	19	20	21	22	23	7
24	25	26	27	28	29	30	8
31							(9)

APRIL (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	9
7	8	9	10	11	12	13	10
14	15	16	17	18	19	20	11
21	22	23	24	25	26	27	12
28	29	30					(13)

MAY (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	13
5	6	7	8	9	10	11	14
12	13	14	15	16	17	18	15
19	20	21	22	23	24	25	16
26	27	28	29	30	31		17

○ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –
NOVEMBER RESPONDENTS

MARCH (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4
31							(5)

APRIL (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30					(9)

MAY (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	13	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

JUNE (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30							(17)

☐ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –
DECEMBER RESPONDENTS

APRIL (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	1
7	8	9	10	11	12	13	2
14	15	16	17	18	19	20	3
21	22	23	24	25	26	27	4
28	29	30					(5)

MAY (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30	31		9

JUNE (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
30							(14)

JULY (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30	31				18

○ Holidays

CARD W

MISSING WAVE REFERENCE CALENDAR —
JANUARY 1986 RESPONDENTS

MAY 1985 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30	31		5

JUNE 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(5)
2	3	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	17	18	19	20	21	22	8
23	24	25	26	27	28	29	9
30							(10)

JULY 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

AUGUST 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	12	13	14	15	16	17	16
18	19	20	21	22	23	24	17
25	26	27	28	29	30	31	18

☐ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –
FEBRUARY 1986 RESPONDENTS

JUNE 1985 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
30							(5)

JULY 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30	31				9

AUGUST 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	26	27	28	29	30	31	13

SEPTEMBER 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

☐ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
MARCH 1986 RESPONDENTS

JULY 1985 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	1
7	8	9	10	11	12	13	2
14	15	16	17	18	19	20	3
21	22	23	24	25	26	27	4
28	29	30	31				5

AUGUST 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30	31	9

SEPTEMBER 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30						(14)

OCTOBER 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

○ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
APRIL 1986 RESPONDENTS

AUGUST 1985 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	1
11	12	13	14	15	16	17	2
18	19	20	21	22	23	24	3
25	26	27	28	29	30	31	4

SEPTEMBER 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30						(9)

OCTOBER 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

NOVEMBER 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17

○ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –
MAY 1986 RESPONDENTS

SEPTEMBER 1985 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30						(5)

OCTOBER 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30	31			9

NOVEMBER 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13

DECEMBER 1985 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30	31					(17)

○ Holidays

CARD W – Continued

MISSING WAVE REFERENCE CALENDAR –
JUNE 1986 RESPONDENTS

OCTOBER 1985 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

NOVEMBER 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9

DECEMBER 1985 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30	31					(14)

JANUARY 1986 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	13	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29	30	31		18

○ Holidays

CARD W — Continued

MISSING WAVE REFERENCE CALENDAR —
JULY 1986 RESPONDENTS

NOVEMBER 1985 (8 months ago)							WEEK NO.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4

DECEMBER 1985 (7 months ago)							WEEK NO.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30	31					(9)

JANUARY 1986 (6 months ago)							WEEK NO.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	13	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

FEBRUARY 1986 (5 months ago)							WEEK NO.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28		17

○ Holidays

FLASHCARD X

HEALTH INSURANCE NONCOVERAGE

Code	Reason For Noncoverage
1	– Job layoff, job loss, or any reasons related to unemployment
2	– Can't obtain insurance because of poor health, illness, or age
3	– Too expensive, can't afford health insurance
4	– Dissatisfied with previous insurance
5	– Don't believe in insurance
6	– Have been healthy, not much sickness in the family, haven't needed health insurance
7	– Able to go to VA or military hospital for medical care
8	– Covered by some other health plan
9	– Other (Specify)

CARD X

Certificates of deposit or other savings certificates

Money Market Funds

U.S. Government Securities

Municipal or Corporate Bonds

U.S. Savings Bonds

Stocks or Mutual Fund Shares

Other Assets

CARD X

(TOPICAL MODULE)

- (1)** Regular or passbook savings accounts
- (2)** Money market deposit accounts
- (3)** Certificates of deposit or other savings certificates
- (4)** NOW, Super NOW, or other interest earning checking accounts
- (5)** Money market mutual funds
- (6)** Stocks and mutual fund shares
- (7)** U.S. Savings Bonds (E,EE)
- (8)** Other U.S. Government securities
- (9)** Municipal bonds
- (10)** Corporate bonds
- (11)** Mortgages
- (12)** Other interest or dividend earning assets not counting IRA or Keogh accounts

CARD X

Certificates of deposit or other savings certificates

Money Market Funds

U.S. Government Securities

Municipal or Corporate Bonds

U.S. Savings Bonds

Stocks or Mutual Fund Shares

Other Assets

CARD X

(TOPICAL MODULE)

- (1)** Regular or passbook savings accounts
- (2)** Money market deposit accounts
- (3)** Certificates of deposit or other savings certificates
- (4)** NOW, Super NOW, or other interest earning checking accounts
- (5)** Money market mutual funds
- (6)** Stocks and mutual fund shares
- (7)** U.S. Savings Bonds (E,EE)
- (8)** Other U.S. Government securities
- (9)** Municipal bonds
- (10)** Corporate bonds
- (11)** Mortgages
- (12)** Other interest or dividend earning assets not counting IRA or Keogh accounts

CARD X

Certificates of deposit or other savings certificates

Money Market Funds

U.S. Government Securities

Municipal or Corporate Bonds

U.S. Savings Bonds

Stocks or Mutual Fund Shares

Other Assets

CARD X

(TOPICAL MODULE)

- (1)** Regular or passbook savings accounts
- (2)** Money market deposit accounts
- (3)** Certificates of deposit or other savings certificates
- (4)** NOW, Super NOW, or other interest earning checking accounts
- (5)** Money market mutual funds
- (6)** Stocks and mutual fund shares
- (7)** U.S. Savings Bonds (E,EE)
- (8)** Other U.S. Government securities
- (9)** Municipal bonds
- (10)** Corporate bonds
- (11)** Mortgages
- (12)** Other interest or dividend earning assets not counting IRA or Keogh accounts

CARD X

SPECIAL CODES FOR CONTROL CARD ITEM 23, DATE ENTERED OR LEFT

12 — Use this code if instructed by your office

13 — Re-entered sample after missing one or more waves

ENTERED — Should have been added in a previous wave

21 — Birth

22 — Marriage

23 — Other

} *Use only for additional persons
(Person numbers 201 +)*

LEFT — Should have been deleted in a previous wave

25 — Deceased

26 — Institutionalized

27 — Living in Armed Forces Barracks

28 — Moved outside of country

29 — Separation or Divorce

30 — 201 + person no longer living with sample person

31 — Other

CARD X

ENTERED AND LEFT CODES FOR CONTROL CARD ITEM 23

Entered — This Wave

- 01** — Birth
- 02** — Marriage
- 03** — Other
- 04** — *Use only with item 21d*
- 13** — Re-entered sample after missing one or more waves
- 16** — From institution
- 17** — From Armed Forces barracks
- 18** — From outside the country
- 19** — Due to separation or divorce

Entered — Should have been added in a previous wave

- 21** — Birth
- 22** — Marriage
- 23** — Other
- 24** — Sample person added during second interview period
- 36** — From institution
- 37** — From Armed Forces barracks
- 38** — From outside the country
- 39** — Due to separation or divorce

Left — This Wave

- 05** — Deceased
- 06** — Institutionalized
- 07** — Living in Armed Forces barracks
- 08** — Moved outside of country
- 09** — Separation or divorce
- 10** — Person number 201 + no longer living with sample person
- 11** — Other
- 12** — *Use this code if instructed by your office*
- 99** — Listed in error

Left — Should have been deleted in a previous wave

- 25** — Deceased
- 26** — Institutionalized
- 27** — Living in Armed Forces barracks
- 28** — Moved outside of country
- 29** — Separation or divorce
- 30** — 201 + person no longer living with sample person
- 31** — Other

CARD Y

FEDERAL TAX FORM 1040

Line 32 — Adjusted Gross Income

Adjustments to Income (See Instructions on page 11.)	24	Moving expense (attach Form 3903 or 3903F)	24			
	25	Employee business expenses (attach Form 2106)	25			
	26a	IRA deduction, from the worksheet on page 12	26a			
	b	Enter here IRA payments you made in 1985 that are included in line 26a above				
	27	Payments to a Keogh (H.R. 10) retirement plan	27			
	28	Penalty on early withdrawal of savings	28			
	29	Alimony paid	29			
	30	Deduction for a married couple when both work (attach Schedule W)	30			
	31	Add lines 24 through 30. These are your total adjustments				31
	Adjusted Gross Income	32	Subtract line 31 from line 23. This is your adjusted gross income. If this line is less than \$10,000, see "Earned Income Credit" (line 59) on page 16 of Instructions. If you want IRS to figure your tax, see page 12 of Instructions.			

Line 40 — Total Tax Liability

Form 1040 (1984)

Page 2

Tax Computation (See Instructions on page 13.)	33	Amount from line 32 (adjusted gross income)	33			
	34a	If you itemize, attach Schedule A (Form 1040) and enter the amount from Schedule A, line 26. Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see page 13 of the Instructions. Also see page 13 if: • You are married filing a separate return and your spouse itemizes deductions, OR • You file Form 4563, OR • You are a dual-status alien.	34a			
	34b	If you do not itemize deductions, and you have charitable contributions, complete the worksheet on page 14. Then enter the allowable part of your contributions here	34b			
	35	Subtract line 34a or 34b, whichever applies, from line 33	35			
	36	Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e	36			
	37	Taxable Income. Subtract line 36 from line 35	37			
	38	Tax. Enter tax here and check if from <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input type="checkbox"/> Schedule G	38			
	39	Additional Taxes. (See page 14 of Instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, or <input type="checkbox"/> Form 5544	39			
	40	Add lines 38 and 39. Enter the total				40

CARD Y — Continued

FEDERAL TAX FORM 1040A

Line 14 — Adjusted Gross Income

Step 5 Figure your adjusted gross income	11a	Individual retirement arrangement (IRA) deduction, from the worksheet on page 19.	11a	
	b	Write IRA payments made in 1985 that you included on line 11a: (\$)		
	12	Deduction for a married couple when both work. Complete and attach Schedule 1 (Form 1040A), Part III.	12	
	13	Add lines 11a and 12. Write the total. These are your total adjustments .	13	
	14	Subtract line 13 from line 10. Write the result. This is your adjusted gross income .	14	

Line 23 — Total Tax Liability

Step 7 Figure your tax, credits, and payments	If You Want IRS to Figure Your Tax, See Page 21 of the Instructions.			
	20	Find the tax on the amount on line 19. Use the tax table, pages 31-36.	20	
	21a	Credit for child and dependent care expenses. Complete and attach Schedule 1 (Form 1040A), Part IV.	21a	
	b	Partial credit for political contributions for which you have receipts. See page 24 of the instructions.	21b	
	22	Add lines 21a and 21b. Write the total.	22	
	23	Subtract line 22 from line 20. Write the result (but not less than zero). This is your total tax .	23	

CARD Y — Continued

FEDERAL TAX FORM 1040EZ

Line 3 — Adjusted Gross Income

Line 9 — Total Tax Liability

Figure
your
tax

Attach
Copy B of
Form(s)
W-2 here

1 Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).) 1

, .

2 Interest income of \$400 or less. If the total is more than \$400, you cannot use Form 1040EZ. 2

.

3 Add line 1 and line 2. This is your **adjusted gross income**. 3

, .

4 Allowable part of your charitable contributions. Complete the worksheet on page 21 of the instruction booklet. Do not enter more than \$75. 4

.

5 Subtract line 4 from line 3. 5

, .

6 Amount of your personal exemption. 6

1 , 0 0 . 0 0

7 Subtract line 6 from line 5. This is your **taxable income**. 7

, .

8 Enter your Federal income tax withheld. This should be shown in Box 9 of your W-2 form(s). 8

, .

9 Use the **single** column in the tax table on pages 31-36 of the instruction booklet to find the **tax** on your taxable income on line 7. Enter the amount of tax. 9

, .

CARD Y

STATE AND FOREIGN COUNTRY CODES

CODE	STATE	CODE	COUNTRY
01	Alabama	60	Puerto Rico
02	Alaska	61	Outlying areas of the United States (Includes Guam, U.S. Virgin Islands, American Samoa, North Mariana Islands, and Trust Territory of the Pacific Islands)
03	Arizona	62	Austria
04	Arkansas	63	Canada
05	California	64	China (Includes Mainland, Hong Kong, Macao, and Taiwan)
06	Colorado	65	Cuba
07	Connecticut	66	Czechoslovakia
08	Delaware	67	Dominican Republic
09	District of Columbia	68	Germany (Includes East and West Germany)
10	Florida	69	Greece
11	Georgia	70	Hungary
12	Hawaii	71	India
13	Idaho	72	Ireland (Excludes Northern Ireland)
14	Illinois	73	Italy
15	Indiana	74	Jamaica
16	Iowa	75	Japan
17	Kansas	76	Korea (Includes North and South Korea)
18	Kentucky	77	Mexico
19	Louisiana	78	Norway
20	Maine	79	Philippines
21	Maryland	80	Poland
22	Massachusetts	81	Portugal
23	Michigan	82	Sweden
24	Minnesota	83	United Kingdom (Includes England, Scotland, Wales, and Northern Ireland)
25	Mississippi	84	U.S.S.R.
26	Missouri	85	Vietnam
27	Montana	86	Other Europe
28	Nebraska	87	Other Asia
29	Nevada	88	Central America
30	New Hampshire	89	South America
31	New Jersey	90	Middle East
32	New Mexico	91	Africa
33	New York	99	Other (Specify) ↓
34	North Carolina		
35	North Dakota		
36	Ohio		
37	Oklahoma		
38	Oregon		
39	Pennsylvania		
40	Rhode Island		
41	South Carolina		
42	South Dakota		
43	Tennessee		
44	Texas		
45	Utah		
46	Vermont		
47	Virginia		
48	Washington		
49	West Virginia		
50	Wisconsin		
51	Wyoming		

CARD Y

FEDERAL TAX FORM 1040

Line 32 — Adjusted Gross Income

Adjustments to Income (See Instructions on page 11.)	24	Moving expense (<i>attach Form 3903 or 3903F</i>)	24			
	25	Employee business expenses (<i>attach Form 2106</i>)	25			
	26	IRA deduction, from the worksheet on page 12	26			
	27	Keogh retirement plan deduction	27			
	28	Penalty on early withdrawal of savings	28			
	29	Alimony paid (recipient's last name _____ and social security no. _____)	29			
	30	Deduction for a married couple when both work (<i>attach Schedule W</i>)	30			
	31	Add lines 24 through 30. These are your total adjustments ▶	31			
	Adjusted Gross Income	32	Subtract line 31 from line 23. This is your adjusted gross income . If this line is less than \$11,000 and a child lived with you, see "Earned Income Credit" (line 59) on page 16 of Instructions. If you want IRS to figure your tax, see page 13 of Instructions ▶	32		

Line 56 — Total Tax Liability

Other Taxes (Including Advance EIC Payments)	51	Self-employment tax (<i>attach Schedule SE</i>)	51		
	52	Alternative minimum tax (<i>attach Form 6251</i>)	52		
	53	Tax from recapture of investment credit (<i>attach Form 4255</i>)	53		
	54	Social security tax on tip income not reported to employer (<i>attach Form 4137</i>)	54		
	55	Tax on an IRA (<i>attach Form 5329</i>)	55		
	56	Add lines 50 through 55. This is your total tax ▶	56		

CARD Y — Continued

FEDERAL TAX FORM 1040A

Line 14 — Adjusted Gross Income

Step 5 Figure your adjusted gross income	11	Individual retirement arrangement (IRA) deduction, from the worksheet on page 19.	11	.
	12	Deduction for a married couple when both work. Complete and attach Schedule 1, Part I.	12	.
	13	Add lines 11 and 12. Write the total. These are your total adjustments .	13	.
	14	Subtract line 13 from line 10. Write the result. This is your adjusted gross income .	▶ 14	.

Line 23 — Total Tax Liability

Step 7 Figure your tax, credits, and payments (including advance EIC payments)	If You Want IRS to Figure Your Tax, See Page 22 of the Instructions.			
	20	Find the tax on the amount on line 19. Use the tax table, pages 31–36.	20	.
	21a	Credit for child and dependent care expenses. Complete and attach Schedule 1, Part II.	21a	.
	b	Partial credit for political contributions for which you have receipts. See page 24 of the instructions.	21b	.
	22	Add lines 21a and 21b. Write the total.	22	.
	23	Subtract line 22 from line 20. Write the result. (If line 22 is more than line 20, write -0- on line 23.) This is your total tax .	▶ 23	.

CARD Y — Continued

FEDERAL TAX FORM 1040EZ

Line 3 — Adjusted Gross Income

Line 9 — Total Tax Liability

Figure
your
tax

Attach
Copy B of
Form(s)
W-2 here

		Dollars	Cents
1	Total wages, salaries, and tips. This should be shown in Box 10 of your W-2 form(s). (Attach your W-2 form(s).)	1	
2	Interest income of \$400 or less. If the total is more than \$400, you cannot use Form 1040EZ.	2	
3	Add line 1 and line 2. This is your adjusted gross income .	3	
4	Allowable part of your cash charitable contributions. See instructions for line 4 on back of this form.	4	
5	Subtract line 4 from line 3.	5	
6	Amount of your personal exemption.	6	
7	Subtract line 6 from line 5. If line 6 is larger than line 5, enter 0 on line 7. This is your taxable income .	7	
8	Enter your Federal income tax withheld. This should be shown in Box 9 of your W-2 form(s).	8	
9	Use the single column in the tax table on pages 31-36 of the Form 1040A instruction booklet to find the tax on your taxable income on line 7 . Enter the amount of tax.	9	

CARD Z

- (1)** GI Bill
- (2)** Other Veteran's Educational Assistance Program(s) (Include Survivors and Dependents, Vocational Rehabilitation, and Post-Vietnam Veterans Assistance.)
- (3)** College Work Study Program
- (4)** Pell Grant
- (5)** Supplemental Educational Opportunity Grant (SEOG)
- (6)** National Direct Student Loan
- (7)** Guaranteed Student Loan
- (8)** JTPA Training Program
- (9)** Employer Assistance
- (10)** Fellowship or Scholarship
- (11)** Tuition Reduction
- (12)** Anything else (other than assistance from relatives and/or friends)

CARD Z

REASONS FOR MOVING

Employment and school enrollment

- 01** — Job transfer
- 02** — New job
- 03** — Looking for work
- 04** — Armed Forces related move
- 05** — School attendance, graduation
- 06** — Retirement
- 07** — Relocate to be closer to work
- 08** — Other employment or school reasons

Family and health

- 09** — To accompany other family members
- 10** — To be closer to relatives or friends
- 11** — Change in marital status
- 12** — Change in family size
- 13** — Health reasons
- 14** — Other personal reasons

Housing

- 15** — Larger house or apartment
- 16** — Smaller house or apartment
- 17** — To purchase residence
- 18** — Lower rent/housing costs
- 19** — Better home
- 20** — Better neighborhood
- 21** — Closer/better schools
- 22** — Displaced or home destroyed
- 23** — Other housing reasons

Other

- 24** — Change of climate
- 25** — Lower cost of living
- 26** — Wanted to move to U.S.
- 27** — Other reason not specified above

CARD AA

HOUSEHOLD RELATIONSHIPS

SPOUSE:	01	Husband
	02	Wife
PARENT:	Father:	10 Natural father (biological) 11 Stepfather (husband of biological mother of child) 12 Adoptive father (legal) 13 Foster father (officially designated by a government agency) 18 Unknown parent type
	Mother:	14 Natural mother (biological) 15 Stepmother (wife of biological father of child) 16 Adoptive mother (legal) 17 Foster mother (officially designated by a government agency) 18 Unknown parent type
CHILD:	Son:	20 Natural son (biological) 21 Stepson 22 Adopted son 23 Foster son 28 Unknown child type
	Daughter:	24 Natural daughter (biological) 25 Stepdaughter 26 Adopted daughter 27 Foster daughter 28 Unknown child type
SIBLING:	Brother:	30 Full brother (share two biological parents) 31 Half brother (share one biological parent) 32 Stepbrother (no common biological parents) 33 Adoptive brother 38 Unknown sibling type
	Sister:	34 Full sister (share two biological parents) 35 Half sister (share one biological parent) 36 Stepsister (no common biological parents) 37 Adoptive sister 38 Unknown sibling type
GRANDPARENT:		40 Grandfather (biological, step, or adopted) 41 Grandmother (biological, step, or adopted)
GRANDCHILD:		42 Grandson (biological, step, or adopted) 43 Granddaughter (biological, step, or adopted)
UNCLE/AUNT:		44 Uncle (brother of the person's mother or father) 45 Aunt (sister of the person's mother or father)
NEPHEW/NIECE:		46 Nephew (son of the person's brother or sister) 47 Niece (daughter of the person's brother or sister)
IN-LAWS:		50 Father-in-law 51 Mother-in-law 52 Son-in-law 53 Daughter-in-law 54 Brother-in-law 55 Sister-in-law
OTHER RELATIVE:		60 Cousin, etc. (cousin, great grandparent, great aunt, great uncle, etc.)
NONRELATIVE:		70 Not related (by blood, marriage or adoption) 99 No response

Include biological, step, or adoptive relationships